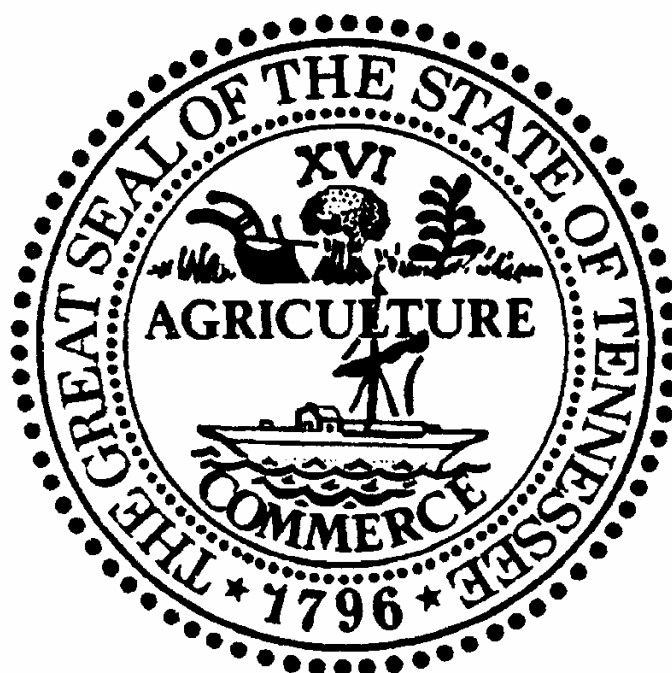


SPECIAL **E** DUCATION **M**ANUAL



Tennessee State Department of Education
2008

Foreword

This purpose of this manual is to provide guidance and is not intended to be all inclusive. It is designed to guide special education administrators, building level administrators, special educators, assessment personnel, and parents through the appropriate procedures for the identification and evaluation of students with disabilities and subsequent IEP development for students eligible to receive special education services.

The manual is organized into two sections. The first delineates the IEP process beginning with child find and referral, and discusses issues and procedures relevant to the provision of a free appropriate public education. This section is designed so that it may be duplicated for building-level use throughout each school district. The second section is devoted entirely to assessment and contains chapters on eligibility requirements for each disability and guidelines for statewide assessments. It is designed so that relevant chapters may be duplicated for appropriate assessment personnel.

The Division of Special Education has designed model forms and other helpful documents that can be adopted or adapted by school districts. These documents can be found on the Division of Special Education's website (<http://www.tennessee.gov/education/speced/>). Also, additional information and assistance may be obtained by contacting the Regional Resource Service Centers and TEIS Centers located in each region of the state or the Special Education Division office in Nashville.

Note: A listing of the State Regional Resource Service Centers and relevant support offices and organizations is located in the Appendices

TABLE OF CONTENTS

FOREWORD.....	I
SECTION ONE FREE APPROPRIATE PUBLIC EDUCATION.....	1
CHAPTER 1 COMMUNITY AWARENESS.....	2
<i>Introduction.....</i>	<i>2</i>
<i>Collaborating With Others.....</i>	<i>3</i>
<i>Public Awareness And Child Find Components.....</i>	<i>3</i>
<i>Public Awareness Tools And Strategies.....</i>	<i>4</i>
<i>Interventions Prior To Referral.....</i>	<i>4</i>
CHAPTER 2 THE IEP PROCESS.....	7
<i>IEP Team Composition.....</i>	<i>7</i>
<i>Parent / Student Involvement.....</i>	<i>8</i>
<i>Seven Essential Steps In The IEP Process.....</i>	<i>9</i>
Step 1: Referral.....	9
Step 2: Pre-Evaluation.....	9
Step 3: Evaluation.....	10
Step 4: Eligibility Determination.....	10
Step 5: Development of the IEP.....	10
Step 6: IEP Implementation.....	10
Step 7: Annual Review.....	10
<i>Reevaluation.....</i>	<i>10</i>
<i>Exit From Special Education.....</i>	<i>11</i>
<i>Dispute Resolution.....</i>	<i>11</i>
<i>Procedural Safeguards.....</i>	<i>12</i>
<i>Written Notice and Prior Written Notice – Understanding the Difference.....</i>	<i>12</i>
Notice of Meeting.....	12
Prior Written Notice.....	12
Prior Written Notice Sample Form.....	14
CHAPTER 3 PROGRAMS AND SERVICES.....	15
<i>Access To The General Curriculum.....</i>	<i>15</i>
<i>LRE: Least Restrictive Environment.....</i>	<i>15</i>
<i>Continuum of Alternative Services.....</i>	<i>16</i>
<i>Transition.....</i>	<i>16</i>
Early Childhood Transition.....	16
Secondary Transition.....	17
<i>Assistive Technology.....</i>	<i>18</i>
<i>Related Services.....</i>	<i>19</i>
<i>Extended School Year (ESY).....</i>	<i>20</i>
<i>Transportation.....</i>	<i>23</i>
<i>Facilities.....</i>	<i>24</i>
SECTION TWO ASSESSMENT	25
CHAPTER 4 MANDATED STATE ASSESSMENT.....	26
<i>Tennessee Comprehensive Assessment Program (TCAP).....</i>	<i>26</i>
<i>TCAP Accommodations.....</i>	<i>27</i>
<i>*Alternate Assessment.....</i>	<i>28</i>
CHAPTER 5 EVALUATION AND ELIGIBILITY.....	30
<i>Assessment Specialists.....</i>	<i>30</i>
<i>Referral, Initial Evaluation, And Reevaluation.....</i>	<i>33</i>
<i>Determination Of Eligibility.....</i>	<i>34</i>
CHAPTER 6 DISABILITY STANDARDS.....	35

<i>Autism</i>	36
<i>Deaf-Blindness</i>	38
<i>Deafness</i>	40
<i>Developmental Delay</i>	41
<i>Emotional Disturbance</i>	43
<i>Functional Delayed</i>	45
<i>Hearing Impairment</i>	47
<i>Intellectually Gifted</i>	48
<i>Mental Retardation</i>	50
<i>Multiple Disabilities</i>	52
<i>Orthopedic Impairment</i>	53
<i>Other Health Impairment</i>	54
<i>Specific Learning Disabilities</i>	56
<i>Speech Or Language Impairment</i>	63
<i>Traumatic Brain Injury</i>	66
<i>Visual Impairment</i>	68
APPENDICES SPECIAL EDUCATION MANUAL	70
<i>Appendix A Resources</i>	71
<i>Appendix B Acronyms</i>	78
<i>Appendix C Assessment Guidelines For English Language Learners</i>	80

Section One

F_{ree}

Appropriate

P_{ublic}

Education

Chapter 1

Community Awareness

Introduction

Each local school system is responsible for identifying all of the children within its borders who have disabilities which impact learning. In order to accomplish this task, school system staff, parents, agencies and the general public need to know about the importance of early identification of children who have special needs.

While many children who have significant disabilities are identified by local treatment and health care agencies prior to school age, many children have disabilities which either are not as easy to identify or which manifest later in life. Research has demonstrated that early identification and intervention enable children to move beyond their present limitations and reach levels of success that would not occur without early services and supports.

It is critical that effective, ongoing Child Find activities be implemented at an early age so that all children who have disabilities which impact educational performance are found early, allowing meaningful interventions to begin. Systems are encouraged to make Public Awareness and Child Find priority components of their standard operating procedures. As systems do so, staff members are encouraged to remember:

- regular and periodic attempts to find the system's children who have special needs are critical components to improving overall system effectiveness;
- highly mobile children (e.g., migrant and homeless children) who have disabilities can be easily missed unless the school staff is sensitized to the possibility that these children may not have been present at the time that screenings occurred;
- children who are marginally advancing from grade to grade may have disabilities which have not been properly identified or appropriate, scientifically research-based interventions have not been provided;
- Public Awareness and Child Find activities need to include strategies that can be understood by non-English speakers; and
- some families live in isolated areas that may not have easy media access.

Collaborating With Others

The effectiveness of Child Find depends upon the involvement and cooperation of a multitude of partners: state and local agencies, parents, professional groups, and special interest groups. Each system's Child Find Coordinator is encouraged to establish ongoing contact with as many community resources that serve children with disabilities as possible. Doing so heightens awareness within all agencies of the services available, opens doors for partnering on Child Find initiatives, and helps the community determine and deal with gaps and overlaps in service. Examples of agencies and programs which certainly should be included are:

- The Tennessee Early Intervention System (TEIS),
- Early Head Start/Head Start,
- Infant Stimulation Programs,
- Department of Children's Services (DCS),
- Department of Human Services (DHS),
- Public Health Departments,
- Department of Corrections (DOC),
- Tennessee Voluntary Pre-K Programs,
- Child Care Centers, and
- Civic and Religious Organizations that serve children.

Public Awareness And Child Find Components

In order to achieve the overall goal of locating and effectively serving all of our state's children who have disabilities which impact learning, each LEA is encouraged to develop a comprehensive approach that encompasses the following three components:

1. Child Find within each LEA -- Each local school system is encouraged to designate a Child Find Coordinator whose duties include the development and implementation of effective, ongoing Child Find efforts within all of the schools operated by each district.
2. Interagency Cooperation – Someone said a long time ago, “Many helping hands make light work!” Staff in other agencies which serve children often have opportunities to interact with children and their families and gain insights that may not occur within the local school setting. Local Education Agencies are encouraged to develop partnerships with all agencies in their geographic region which serve children and to sensitize their staff to the importance of finding children who have special needs so that intervention services can begin while there is time to make a difference. Other agencies also have responsibility for identifying and serving children with special needs. A cooperative working relationship not only benefits the local schools; it also helps the other agencies fulfill their Child Find missions.

3. Public Awareness – Effective school screening programs and collaborative working relationships with other agencies serving children will result in many children who have special needs being identified; however, these efforts may still miss some children who are in need of services. This is why it is important that effective, ongoing efforts be made to inform the general public of the fact that local school systems need their help in locating all of the children who need special services.

Public Awareness Tools And Strategies

The following types of media may be effectively utilized in an awareness campaign:

- letters to parents,
- radio and television “Public Service Announcements”,
- newspaper “human interest” stories,
- grocery sack stuffers,
- stuffers for utility bills, bank statements, and cable television bills,
- posters,
- brochures,
- video technology,
- various internet web sites,
- church bulletins and announcements, and
- newsletters to school personnel and other agencies.

The following activities may be helpful in implementing an awareness campaign:

- presentations at PTA/PTO, Parent’s Night and other group meetings,
- press conferences,
- presentations at professional, civic and community organizations,
- contacts with churches, synagogues, and other religious centers,
- contacts with physicians/health care providers, and
- contacts with child care providers.

Interventions Prior To Referral

The Individuals with Disabilities Education Improvement Act of 2004 (reauthorization of IDEA 1997) mandated that states adopt additional requirements regarding eligibility determination. These requirements include a determination that the child’s educational difficulties are not due to a lack of appropriate instruction in reading, including the essential components of reading instruction as defined in NCLB, lack of appropriate instruction in math, or Limited English proficiency. Appropriate instruction is now defined as instructional programs and techniques that have a scientific research base and are delivered by appropriately trained personnel.

Schools are being encouraged to adopt organized, systematic early intervening approaches to solving educational difficulties in the general education setting. A student is considered for special education eligibility when the student continues to demonstrate a clear educational need *after* the school has implemented high quality instruction and behavior management in the general education curriculum.

One approach being encouraged for the identification of students with Specific Learning Disabilities is Response to Intervention (RTI). RTI may be implemented and used with all students in a given grade, grades, school, and eventually, an entire school district. The main purposes for RTI include the following:

- provision of high-quality instruction;
- provision of early intervening academic and behavioral services whenever educational problems occur; and,
- prevention of inaccurate classification and placement of students who do not have a disability

Basic to any good RTI approach is to insure that classroom instruction and behavior management are high quality. This way, ineffective instruction can be ruled out as the reason for inadequate academic performance. High-quality instruction always includes the effective use of sound, research-based materials and instructional procedures. The effective use of materials and procedures always includes high-quality behavior management.

In the RTI approach, all students are screened for educational difficulties. Those students found to be at risk of having problems are monitored on a regular basis after high quality instruction is implemented. Those students who do not respond with adequate progress are given interventions specially geared to correction of the identified problem.

The process is set up in multiple tiers:

- Tier 1 – High Quality Instruction in the General Education Setting
- Tier 2 – Additional Support for Students Whose Progress is Inadequate
- Tier 3 – More Intense Intervention (may include special education referral)
- Tier 4 – Even More Intense Intervention (special education referral)

Students are given the necessary intensity of intervention based on their individual response as they move through the tiers. Progress is monitored on a regular basis and, finally, data are collected and shared frequently with parents. Team-driven educational decisions are based on objective data from effective, research-validated interventions. Adequate staff training in the delivery of each intervention is necessary to ensure effective implementation. Interventions should be objectively monitored to make sure they are being implemented with fidelity.

The advantages of using an RTI approach are numerous.

- RTI eliminates inadequate instruction as the reason for the educational difficulty.
- The RTI approach provides assistance to the student earlier than traditional methods. The amount of time a student struggles before receiving help is significantly reduced.
- Traditional methods require identification as a student with a disability prior to receiving help.
- The likelihood of inaccurate identification is decreased.
- Progress monitoring data serve as objective, real-time, decision-making tools that can be used to adjust instruction and evaluate the quality of the instruction.

Also refer to criteria for identification of *Specific Learning Disability* on page 56.

Use of the RTI model, however, should not be viewed as a rationale for delaying the referral of children for special education who have conditions or syndromes which will most likely result in them being candidates for special education services. IDEA 2004, Sec. 300.226 (c) states: "*Nothing in this section shall be construed to either limit or create a right to FAPE under Part B of the Act or to delay appropriate evaluation of a child suspected of having a disability.*" Our goal in promoting the use of the RTI model is to reduce the time that children who have learning problems experience before their teachers introduce other research-based interventions to help them overcome learning difficulties. Failing to refer children for whom there is very strong likelihood that special education services will be needed should never be the outcome of using the RTI model.

Chapter 2

The IEP Process

Special education services are determined by the Individualized Education Program (IEP) Team which meets to develop a unique plan/document for each child. The IEP document is discussed in detail in the Individualized Education Program (IEP) Procedural Manual located on the Special Education website (<http://state.tn.us/education/speced/seguidebooks.shtml>). This chapter delineates the overall process by which special education services are designed for each eligible child.

IEP Team Composition

The composition of the IEP team is statutorily prescribed (§§300.321). The LEA is responsible for insuring that the IEP team for each child with a disability includes the following:

- (1.) the parents of the child;
- (2.) not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- (3.) not less than one special education teacher of the child or when appropriate, not less than one special education provider of the child;
- (4.) a representative of the public agency (LEA) who:
 - (i.) is qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of children with disabilities;
 - (ii.) is knowledgeable about the general education curriculum; and
 - (iii.) is knowledgeable about the availability of resources of the public agency (LEA);
- (5.) an individual who can interpret the instructional implications of evaluation results;
- (6.) at the discretion of the parent or the agency (LEA), other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- (7.) whenever appropriate, the child with a disability.

For children transitioning from Tennessee's Early Intervention System (TEIS), having a representative from TEIS who is knowledgeable of the child's current assessment results, needs, and the services that have been provided, is strongly encouraged.

Parent / Student Involvement

The education of children with disabilities can be made more effective by strengthening the role of parents and ensuring that families of children who have disabilities have meaningful opportunities to participate in the education of their children at school and at home. There are many decisions to be made for each student with a disability, and most of the decisions lead to activities and actions that have far-reaching consequences. A familiar quote worth remembering and thinking about is: “Professionals come and go, but families are families for life!”

Parents must be given the opportunity to participate in meetings with respect to the identification, evaluation, educational placement, and the provision of FAPE to their child. Not only is parental involvement a requirement of the law, it is best practice for the school system. Having parents as partners enables them to share their insights into their child’s needs and learning styles which can greatly assist in the development of meaningful IEPs. Further, the likelihood of significant child progress is enhanced as home/school partnerships grow.

Parents and schools have the same goal – excellent education for all students. Parents of students with disabilities must be given regular progress reports. By staying informed on their child’s progress on IEP goals and objectives, parents are better equipped to intervene and/or support that progress.

Parents should be given the opportunity and be encouraged to share with the school information concerning activities at home that could significantly affect the student’s progress.

When practical, students should be involved in the development of their IEPs. Schools are required to give students the opportunity to be a member of the IEP Team at the time that secondary transition services are initiated, at age 16, or younger if determined appropriate by the IEP Team. Specifically, IDEA 2004 Regulations (§§300.321)(b) *Transition services participants* state:

“(1) ... the public agency (LEA) must invite a child with a disability to attend the child’s IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals of the child and the transition services needed to assist the child in reaching those goals under §§300.320(b).

(2) If the child does not attend the IEP Team meeting, the public agency (LEA) must take other steps to ensure that the child’s preferences and interests are considered.

(3) To the extent appropriate, with the consent of the parents or a child who has reached the age of majority . . . the public agency (LEA) must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.”

Capturing student interests and aspirations and developing a unified plan for working toward an achievable academic/vocational goal can dramatically improve the future for students who have special needs and can make school time more productive and enjoyable for everyone involved.

Seven Essential Steps In The IEP Process

There are seven (7) essential steps in the IEP Process:

1. Referral
2. Pre-evaluation
3. Evaluation
4. Eligibility Determination
5. Development of IEP
6. Implementation of IEP
7. Annual Review

Step 1: Referral

Typically, referrals are made by teachers who recognize that a child is having difficulty and may need special services. However, with effective community awareness and child find activities, the number of referrals from sources outside the school will likely increase. Regardless of the source of the referral, each school should have a clearly understood, uniform procedure for processing referrals. School districts are encouraged to establish system-wide referral procedures to ensure consistency throughout the district.

Step 2: Pre-Evaluation

Immediately after a referral is made, all available information relative to the child's suspected disability, including information from the parent and information about the interventions that have been attempted within the regular class should be collected. Unless appropriate intervention strategies have been provided, the team (which includes the parents) may need to delay the process until appropriate interventions have been provided within the context of the general curriculum. All relevant information must be considered before determining whether additional data, such as medical information or evaluation results, are needed. This decision cannot be made by an individual teacher or administrator but must be made by a group of people (parents included) – essentially the individuals who comprise the child's IEP team. In cases where the referral has been made by the parent, the group's decision regarding evaluation must be documented in written notice to the parent, regardless of the decision. If the decision is to conduct an evaluation, the school district must obtain informed written consent from the parent before proceeding with the evaluation. If the team determines that an evaluation is not warranted, appropriate written notice must also be given to the parent. The notice must include the basis for the determination and an explanation of the process followed to reach the decision. If the school district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may initiate a due process hearing.

Step 3: Evaluation

Referral information and appropriate involvement of the child's team lead to the identification of specific areas to be included in the evaluation. All areas of a suspected disability must be evaluated. The definitions and eligibility standards for each disability area are found in Section II of this manual. In addition to determining the existence of a disability, the evaluation should also focus on the identification of the child's special education and related service needs.

Step 4: Eligibility Determination

The determination of eligibility for special education services is two-pronged. After the completion of the evaluation, the IEP team meets to determine whether the evaluation results indicate the existence of a disability **and** whether the child exhibits a need for special education.

Step 5: Development of the IEP

The IEP should focus on educational needs that cannot be met in the general education program. Goals and objectives in the IEP are based on the strengths and needs of the child, concerns of the parent(s), and results of the initial or most recent evaluation of the child, as appropriate.

Note: Refer to <http://state.tn.us/education/speced/seforms.shtml> for instructions and guidance for the development of the Individual Education Program.

Step 6: IEP Implementation

The school district is responsible for obtaining informed written parental consent prior to implementation of the initial IEP placement. The written IEP reflects the beginning and end dates for the goals and objectives agreed upon by the IEP team.

Step 7: Annual Review

The student's IEP team must review the IEP at least annually. Review of the child's IEP and the goals and objectives therein may be requested at any time by any member of the IEP team.

Reevaluation

A reevaluation must be conducted at least every three years or earlier if conditions warrant. Reevaluations may be requested by any member of the IEP team prior to the triennial due date. Some of the reasons for requesting early reevaluations may include:

- concerns, such as lack of progress in the special education program,
- the acquisition by an IEP team member of new information or data, or

- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program).

Depending on the child's needs and progress, reevaluation may not require the administration of tests or other formal measures. However, the IEP team must thoroughly review all relevant data when determining each child's evaluation needs.

Note: Refer to <http://tennessee.gov/education/speced/seassessment.shtml#Reeval> for detailed instructions and guidance for conducting the Reevaluation Summary Report.

Exit From Special Education

A child's eligibility to receive special education and related services from a local school district is terminated by an IEP team evaluation finding that the child:

- no longer meets the Tennessee eligibility standards,
- no longer requires special education and related services,
- graduates with a regular diploma, or
- exceeds the age of eligibility for FAPE (age 21) before the start of the school year.

Parents who request that their child be taken out of special education must adhere to these procedures.

Dispute Resolution

Disputes that are resolved at the local level may preserve and even strengthen the relationship between the school system and the parent. While the parent always has the right to request Mediation or a Due Process Hearing and should always be informed of this right, many times issues can be resolved at a less intense level as system personnel and parents seek mutual understanding and agreement. The following four (4) step process may be used to resolve problems before they grow to the level requiring Mediation or a Due Process Hearing:

- Step One: Contact the teacher or principal at the child's school.
- Step Two: Hold an IEP team meeting to discuss concerns of the IEP team members.
- Step Three: If "Step Two" is unsuccessful, contact the special education office at the local board of education.
- Step Four: If "Step Three" does not resolve the matter, contact the Office of Legal Services, Tennessee Department of Education, Division of Special Education. Phone (615) 741-0660. FAX (615) 253-5567.

Procedural Safeguards

Procedural safeguards are in place to ensure that the rights of children with disabilities and their parents are protected. Although the goal should always be to resolve disputes at the local level, sometimes situations require the assistance of persons not directly involved with the issues at hand. The following websites contain forms which should be downloaded and given to parents when issues cannot be resolved at the local level:

Document	Website
Administrative Complaint Request Form	http://tennessee.gov/education/speced/doc/62007AdminisCompl.pdf
Mediation Request Form	http://tennessee.gov/education/speced/doc/63007MediationR0qst.pdf
Due Process Hearing Request Form	http://tennessee.gov/education/speced/doc/62807DuePrcessRqst.pdf

Parents who file an Administrative Complaint, request Mediation, or request a Due Process Hearing must submit their requests to the Tennessee Department of Education, Division of Special Education, at the address printed on the forms. A change in state law during 2007 moved the responsibility for conducting Complaint Resolution (Mediation and Due Process Hearings) to the Office of the Secretary of State for implementation.

Written Notice and Prior Written Notice – Understanding the Difference

Notice of Meeting

IDEA states that a **Notice of Meeting** is to be sent that informs the participants of who will be attending an Individualized Education Program meeting. *This notice is sent PRIOR TO the meeting.* Parents have the right to invite people who have knowledge of their child, and to have these individuals included in the list of participants specified on the NOTICE OF MEETING.

Prior Written Notice

Prior Written Notice is an important parent right that is also included in federal law. Much of the confusion that exists related to these two documents most likely stems from the document names. The **Notice of Meeting** is given to the parents (and other participants) PRIOR to the occurrence of an IEP meeting. *The **Prior Written Notice** is given to the parents AFTER the IEP meeting has occurred, but PRIOR TO the implementation of the change/s recommended by the IEP team.* This procedural safeguard is designed to give the parent time to

determine if they are satisfied with the recommendation/s. If the family is not satisfied, they have the right to ask for another IEP meeting, Mediation, or file for a Due Process hearing. State and federal laws require that **Prior Written Notice** *be given to parents 10 school days PRIOR TO implementation of the proposed action/s recommended by the IEP team.*

The following document is a sample **Prior Written Notice** form that local school systems may adopt and use to meet this requirement.

SAMPLE FORM ONLY

Prior Written Notice Sample Form (sent to parents after IEP meeting)			
System: _____ Date: _____			
To : (Parent)		From: (Name / Title)	
Parent Address:		School Name and Address:	
Child's Name:		Child's DOB:	
<p>Under 34 CFR §300.503(a), the school district must give you a written notice (information received in writing), whenever the school district: (1) Proposes to begin or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to begin or change the identification, evaluation, or educational placement of your child or the provision of FAPE to your child. The required content under 34 CFR §300.503(b) is listed below in this model form. The school district must provide the notice in understandable language (34 CFR §300.503(c)).</p>			
<p>As you are aware, an Individualized Education Program meeting was held on _____ that discussed your child's needs. State and federal law require that we advise you ten school days prior to the implementation of any proposed changes in your child's program so that you will have time to take action prior to the change being implemented.. This document is our system's effort to inform you of the actions proposed and give you information about resources that should be of help to you should you be dissatisfied with the recommendations that have been proposed. Taking this action is our attempt to acquaint you with the procedural safeguards that are designed for your protection under Part B of IDEA.</p>			
PRIOR WRITTEN NOTICE ITEM:		SCHOOL SYSTEM'S RESPONSE:	
1. Description of the action that the school district proposes or refuses to take:			
2. Explanation of why the school district is proposing or refusing to take that action:			
3. Description of each evaluation procedure, assessment, record, or report the school district used in deciding to propose or refuse the action:			
4. Description of any other choices that the Individualized Education Program (IEP) Team considered and the reasons why those choices were rejected:			
5. Description of other reasons why the school district proposed or refused the action:			
6. Resources for the parents to contact for help in understanding Part B of the IDEA:			
7. If this notice is not an initial referral for evaluation, how the parent can obtain a copy of a description of the procedural safeguards:			

Chapter 3

Programs And Services

School districts must make a free appropriate public education (FAPE) available to all children who are eligible for special education, beginning at age three. The responsibility for services continues as long as the student continues to be eligible for special education. Services set forth in a child's IEP must be provided at no cost to the parent. The school district may use other sources of financial support for IEP services.

Access To The General Curriculum

Children with disabilities should have access to the general academic curriculum as well as a variety of educational programs and services provided for other students including, but not limited to:

- art,
- music,
- physical education,
- prevocational and career development,
- vocational education.

Nonacademic services and extracurricular activities should be provided in a manner that affords children with disabilities an equal opportunity for participation. These services and activities may include:

- counseling services,
- athletics,
- transportation,
- health services,
- recreational activities,
- special interest groups and clubs.

LRE: Least Restrictive Environment

Children with disabilities must be educated in the school they would normally attend, unless the IEP requires otherwise. Children should not be removed from their home or zoned school if needed services can be provided in that location. Any potentially harmful effect on the child or on the quality of services must be considered in placement decisions.

After determining a child's need for special education services, the IEP team is responsible for developing an IEP designed specifically to meet the identified

needs of the child. Least restrictive environment should be the foremost principle in guiding IEP teams in programming services for children. All IEP Teams should remember that federal and state laws mandate that children be served in the least restrictive environment to the maximum extent appropriate. All programs and services must be considered in terms of what is least restrictive for each student. The general education classroom should always be the first consideration.

Continuum of Alternative Services

Although the first consideration for services is the regular environment, more restrictive placements may be necessary when needed services cannot be provided in the general education setting. The continuum of alternative services includes instruction in:

- general classes with supplemental aids and materials,
- general classes with supplemental services, such as resource or itinerant instruction,
- special classes,
- special schools,
- home,
- hospital, and
- residential facilities.

Transition

“Transition” involves the steps that are taken to support the child’s purposeful and organized move from one (1) program to another.

Early Childhood Transition

Transition from Early Childhood Intervention (Part C) services is facilitated through a transition conference to assist families in moving from one system of services to another in a smooth and timely manner. The purpose of the transition conference is to:

- facilitate discussion among the family, current service providers and potential service providers regarding the child’s individual needs, both present and future;
- engage in planning, including identification and documentation, regarding specific actions that will be necessary to assist the child in accessing future services; and
- provide ample time to allow action plans to be completed, including the development of an IEP, when applicable, by the child’s third birthday.

Children who are exiting the state’s Part C program and are eligible for Part B special education and related services must have an IEP in place by the child’s

3rd birthday, as required by federal and state law. The child's IEP Team determines the special education and related services the child is to receive, and when those services are to be made available, in accordance with the child's IEP.

Secondary Transition

For special education purposes, transition is the change from secondary education to post-secondary programs, work, and independent living. Transition services aid students in this process through a coordinated set of activities that are:

- designed within a results-oriented process, which promotes movement from school to post-school activities including: measurable post-secondary goals in:
 - postsecondary education/training;
 - employment;
 - independent or supported living;
 - community involvement; and
- based upon the individual student's strengths, preferences, and interests and includes instruction, related services, community experiences, employment and/or adult living objectives and, when appropriate, daily living skills objectives and functional vocational evaluation.

Federal Law requires that students be offered an opportunity to be a part of the IEP Team when secondary transition services are initiated, at age 16, or younger if determined appropriate by the IEP Team. Specifically, IDEA 2004 Regulations (§§300.321)(b) *Transition services participants* state:

“(1)... the public agency (LEA) must invite a child with a disability to attend the child's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals of the child and the transition services needed to assist the child in reaching those goals under §§300.320(b).

(2) If the child does not attend the IEP Team meeting, the public agency (LEA) must take other steps to ensure that the child's preferences and interests are considered.

(3) To the extent appropriate, with the consent of the parents or a child who has reached the age of majority...the public agency (LEA) must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.”

Tennessee's Special Education Programs and Services Rules which became effective on February 13, 2008, set the standard even higher. Specifically, this document provides the following guidance regarding transition planning:

“Prior to the 9th grade or age fourteen (14) (or younger, if determined appropriate by the IEP team), all students will develop an initial four (4)-year plan of focused and purposeful high school study. The plan will be reviewed annually and amended as necessary and will connect the student’s goals for high school including, the courses and/or training and/or skills necessary to meet their potential after high school. This required plan will include identifying possible transition service needs of the student under the applicable components of the student’s IEP. This plan may be developed through a process in general education but a copy must be in the students IEP after approval by the IEP team.”

It is critical to remember that unless the student’s ideas and interests are captured and included, transition plans may not be as valued by the student.

The Special Education Programs and Services Rules document is posted at the following site:
<http://tennessee.gov/education/speced/doc/11508rulefiling.pdf>

Assistive Technology

Assistive technology (AT) is a component of the educational programs of students with disabilities.

Assistive Technology Devices are any items, equipment, products, or system, whether acquired commercially, teacher-made, modified, or customized, that are used to increase, maintain, or improve the functional capabilities of children with disabilities. For example, some students’ ability to learn, compete, work and interact with others may improve with the use of the following:

- adapted toys,
- switches,
- computers,
- amplification systems,
- wheelchairs,
- memory aids,
- magnifiers,
- augmentative communication devices, and
- other adapted devices.

Assistive Technology Services are services needed to support effective use of AT devices. AT services may include:

- training or technical assistance for the child and/or the child’s family, and
- training or technical assistance for professionals, employers, or other individuals who are substantially involved in the major life functions of an individual with a disability. Services also include selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.

Note: Two documents which relate to assistive technology are posted on the Special Education website (<http://state.tn.us/education/speced/seguidebooks.shtml>). They are: *Assistive Technology: Supervisors Guidelines 12/02* and *Assistive Technology: Parents Guidelines 12/02*.

Related Services

IEP teams may determine that services other than instruction are necessary to help students benefit from special education. The IEP team makes the determination of need for related services. In some cases, the IEP team may recommend an evaluation to determine the need for a specific related service. In all cases, related services should support the special education program outlined in the IEP with a clear correlation between the related services and IEP goals and objectives.

“Related Services” normally include transportation and such developmental, corrective, and other supportive services as required to assist a child eligible for special education to benefit from special education. Related services may be delivered in school, home, or community settings as determined appropriate by the IEP team. They may include the following:

- speech/language pathology and audiology services,
- psychological services,
- social skills development,
- behavior planning and implementation,
- physical and occupational therapy,
- recreation including therapeutic recreation,
- counseling services, including ***rehabilitation counseling,
- orientation and mobility services, and
- medical services for diagnostic or evaluation purposes.

The term may also encompass school health services, social work services in schools, and parent counseling and training.

****Tennessee’s Division of Rehabilitation Services operates under an order of selection, which is mandated by federal regulations to ensure that those individuals with the most significant disabilities are given first priority when funds are not adequate to serve all eligible applicants. Because of the order of selection, Tennessee students with disabilities who meet eligibility standards will not receive services unless they are determined to have a most significant disability. For more information, the following websites are helpful:*

<http://intranet.state.tn.us/dhs/rehab/eosfs.pdf>

http://www.ilr.cornell.edu/edi/publications/PPBriefs/PP_23.pdf

Extended School Year (ESY)

The information which follows is taken from a proposed ESY document that the Tennessee Department of Education, Division of Special Education, is preparing for distribution to local school systems. At a later date it will be available on DOE's website.

Code of Federal Regulations and ESY

§§ 300.106 Extended School Year Services

(a) General.

- (1) Each public agency shall ensure that extended school services are available as necessary to provide FAPE, consistent with paragraph (a)(2) of this section.*
- (2) Extended school year services must be provided only if a child's IEP team determines, on an individual basis, in accordance with §§300.106, that the services are necessary for the provision of FAPE to the child.*
- (3) In implementing the requirements of this section, a public agency may not-*
 - (i) limit extended school year services to a particular category of disability; or*
 - (ii) unilaterally limit the type, amount, or duration of these services.*

(b) Definition.

As used in this section, the term extended school year services means special education and related services that-

- (1) are provided to a child with a Disability-*
 - (i) beyond the normal school year of the public agency;*
 - (ii) in accordance with the child's IEP; and*
 - (iii) at no cost to the parents of the child; and*
- (2) meets the standards of the SEA.*

What Extended School Year Services Are

The Individuals with Disabilities Education Act Amendments of 2004 provide that all students with disabilities are entitled to a free and appropriate public education (FAPE). To have meaningful access to public education, students with disabilities may require services or types of educational programs that are different from those needed by other students since each student with a disability has unique learning needs. With this in mind, FAPE, for some students with disabilities, may require a program of special education and related services in excess of the normal school year.

In general, extended school year (ESY) refers to special education and/or related services provided beyond the normal school year of a public agency for the purpose of providing FAPE to a student with a disability. These services are distinct from enrichment programs, summer school programs, and compensatory services and are not simply an extension of time. ESY services are not so much a regression and recoupment issue as they are an issue of FAPE. Unrecouped regression, over time, may be evidence that FAPE is not being provided. In other words, it is not the case that a student is entitled to ESY services, but that the student will not receive FAPE if ESY services are not provided. These services, at no cost to the parent, will vary in type, intensity, location, inclusion of related services, and length of time, depending on the individual needs of the student.

The consideration of ESY services is a part of the individualized education program (IEP) process. *This consideration also applies to Part B eligible children who are transitioning from Tennessee Early Intervention System into a local school program. The fact that the LEA has not previously served the child is not an adequate basis for failing to give consideration to the need for ESY.*

The IEP, in accordance with the Regulations Governing Special Education Programs for Children with Disabilities in Tennessee, must have a statement of the projected dates for initiation of services and the anticipated duration of the services. The IEP must address the provision of ESY services, if required, in order for the student to receive FAPE.

ESY is not a separate planning process since it is part of the IEP process. Thus, an IEP meeting must be held to consider if a student needs ESY services and must be conducted like any other IEP meeting with appropriate prior notice. If seen as separate, it may lead to the segmentation of services for the student and further lead to situations where these services are considered or open to discussion for some students, but not for all. Therefore, a separate IEP should not be developed for ESY services; the current or an amended IEP should be used.

What Extended School Year Services Are Not

Because ESY services are uniquely designed to provide FAPE to students with disabilities, it is necessary to emphasize that these services are:

- **Not** based on the category of student's disability - services must be based on the student's unique educational needs;
- **Not** mandated twelve-month services for all students with disabilities;
- **Not** a child care service;
- **Not** necessarily a continuation of the total IEP provided to a student with a disability during the regular school year;
- **Not** required to be provided all day, every day, or each day;
- **Not** an automatic program provision from year to year;
- **Not** summer school per se, compensatory services, or enrichment programs;
- **Not** required to be provided in a traditional classroom setting; and
- **Not** a service to be provided to maximize each student's potential.

Determining the Need for Extended School Year Services

The determination of need for ESY services must occur within the context of the IEP team meeting. The IEP team should consider the need for these services at least annually, but must consider the need at other times, if so requested. The request to consider ESY services may be initiated by the parent, the student, the student's teacher(s), related service providers, or administrators. It is important that the decision regarding whether ESY services are provided not be delayed. The IEP Team should make the decision early enough to ensure that parents can meaningfully exercise their due process rights if they wish to challenge an ESY decision. The IEP Team must remember that it is not acceptable to pre-limit ESY services to a set number of days or hours of service nor restrict the provision of ESY services for administrative convenience. Likewise, ESY services may not be limited by the financial resources of the school system. Students who will not receive FAPE without ESY services are entitled to these services. Therefore, it is not appropriate for a district to limit ESY services to predetermined disability categories, nor to categorically exclude certain students with disabilities.

Factors to Be Considered by the IEP Team

The following information should prove to be helpful during IEP meetings when ESY services are being considered.

1. What is the estimated degree of regression/time of skill recoupment that the student will experience?
2. What is the degree of disability experienced? Mild.....Moderate.....Severe
3. What is the child's rate of progress when compared to other children with the same or similar disability? Above Average... Average...Below Average
4. Should consideration for ESY be given because of behavioral / physical problems that the child may possess?
5. Are alternative (community) resources available for serving this child?
6. How would the IEP team rate this child's ability to interact with children who are non-disabled? Above Average.....Average ... Below Average.....Unable to Interact
7. Are there areas within the child's program/curriculum which require continuous attention?
8. Are there vocational needs that the child possesses which necessitate the provision of ESY?
9. Is the area of service(s) under consideration "extraordinary" to this child's disability?
10. Is the area of service(s) under consideration an integral part of an educational program designed for children with this disability?

What ESY Services Can Look Like

The requirement regarding placement in the least restrictive environment (LRE) during the normal school year applies to ESY services. The placement should be based upon the IEP. There may be instances where a summer placement might further isolate the student. If this is the case, the IEP team should consider

whether an alternative is more appropriate for the student. How services will be delivered is determined by the IEP team and flexibility in the delivery of services can be considered if it fulfills the needs of the student. While the school division must consider LRE, it is not required to create artificial LRE settings during the summer months to meet the LRE requirement.

Special transportation is a related service and must be offered if it is necessary for the student to benefit from special education and related services.

Remember, the question is: “Does the student need ESY services in order to receive FAPE?”

Transportation

The provision of Free Appropriate Public Education (FAPE) is required for all children who have disabilities. It is the responsibility of the child’s IEP Team to determine whether transportation as a related service is necessary in order for an eligible child to receive FAPE.

“Likewise, if a child’s IEP Team determines that supports or modifications are needed in order for the child to be transported so that the child can receive FAPE, the child must receive the necessary transportation and supports at no cost to the parents.” (IDEA 2004 Final Regulations - Transportation (§ 300.34(c)(16))

Children with disabilities should be transported with children without disabilities to the maximum extent appropriate. Adapted buses may or may not be part of a local school system’s regular transportation fleet. If the child’s IEP Team determines that the child requires supports in order to participate in the transportation system with children who do not have disabilities, it is the responsibility of the LEA to provide the necessary transportation or supports at no cost to the parents.

Travel time for students who are provided special transportation should not exceed the time for students who are provided regular transportation, unless there are extenuating circumstances.

Personnel directly involved in the provision of special transportation must have training regarding the needs of students with disabilities. This safety requirement applies to both drivers and attendants on vehicles. School systems may contract with other agencies for special transportation, provided that the contractor’s drivers, attendants, and vehicles meet the State Board of Education requirements.

Some Local Education Agencies contract with a child’s parents to transport their child. While this option is certainly a viable one when it is acceptable to all parties involved, parents should not assume that the LEA is obligated to use

them as their child's transportation provider. Likewise, LEAs should not assume that parents must accept responsibility for being their child's transportation provider.

Note: Training materials for school bus drivers of special education students, Special Needs Transportation Course, are available on the web at: <http://www.schoolbusfleet.com/>

Facilities

Comparability is a major consideration in providing appropriate facilities for programs serving students with disabilities. All programs and services in a school system must be accessible in at least one school serving each grade level. All facilities must have clearly visible parking and entrances for individuals with physical disabilities.

Section Two

Assessment

Chapter 4

Mandated State Assessment

Research shows that high expectations for students result in higher achievement levels being attained. Tennessee has adopted a robust standard that requires that all students, including those who have disabilities, must be included in state, regional, and district large-scale assessments, with results from assessments reported and findings aggregated with the total school population.

The information which follows, provided by the Assessment, Evaluation, and Research Division of the Tennessee Department of Education, summarizes our State's mandated assessments and gives websites for gathering additional information.

(It should be noted that testing requirements have changed and will become effective with the freshman class of 2009. Therefore, this section will be amended.)

For general assessment information, see the Assessment and Evaluation website <http://www.tennessee.gov/education/assessment/>.

Tennessee Comprehensive Assessment Program (TCAP)

The Tennessee Comprehensive Assessment Program (TCAP) consists of the following tests:

***Achievement Grades 3-8**

<http://www.tennessee.gov/education/assessment/tsachhome.shtml>

Students in Grades 3-8 take the Tennessee Comprehensive Assessment Program (TCAP) Achievement Test each spring. The Achievement Test is a timed, multiple choice assessment that measures skills in Reading, Language Arts, Mathematics, Science and Social Studies. Student results are reported to parents, teachers and administrators. Links on this website provide more information about the Achievement Test for grades 3-8. In addition, some schools choose to administer the Achievement Test to students in Kindergarten and Grades 1 and 2.

***Writing Grades 5, 8, and 11**

<http://www.tennessee.gov/education/assessment/tswritinghome.shtml>

The Tennessee Comprehensive Assessment Program (TCAP) Writing Assessment requires students to write a rough draft essay in response to an assigned prompt (topic) within a limited time period. Fifth-grade students are asked to write a narrative essay (a story), eighth-grade students an expository essay (an explanation), and eleventh-grade students a persuasive essay (an argument). The writing samples are scored holistically.

***TCAP Secondary Assessments**

<http://www.tennessee.gov/education/assessment/tshseochohome.shtml>

Students who started high school in 2001-2002 or later are required to score Proficient or Advanced on all three Gateway tests to receive a diploma.

Gateway	Operational End of Course
Mathematics (Algebra I) also taken by Math for Technology II students	Math Foundations II
Language Arts (English II)	English I
Science (Biology I) also taken by Biology for Technology student	US History
	Physical Science

TCAP Accommodations

<http://state.tn.us/education/speced/seassessment.shtml#TCAP>

The Individuals with Disabilities Education Act (IDEA 2004) requires that all students, including those who have disabilities, participate in state, regional, and district level large-scale assessments. Further, IDEA requires that results of these assessments be reported and the findings aggregated with the total school population. On December 9, 2003 the Office of Elementary and Secondary Education of the U. S. Department of Education issued the final regulation for assessing students with disabilities under No Child Left Behind. This regulation provides guidance for the use of accommodations in the assessment of students with disabilities.

Page 68700 of Federal Register/Vol. 68, No. 236 states:

"The Department expects most students with disabilities to participate in the regular statewide assessment either without accommodations or with appropriate accommodations that are consistent with the accommodations provided during regular instruction. Current §§200.6 requires that the IEP team determine the accommodations necessary to measure the academic

achievement of students with disabilities relative to the State's academic content and achievement standards for the grade in which the student is enrolled. Through the IEP process, parents should be informed of the potential consequences, if any, for their child if he or she participates in a regular assessment with particular accommodations..."

There are three types of accommodations used with the TCAP Assessments: Allowable, Special, and English Language Learners (ELL). All students may use **Allowable Accommodations** as needed. **Special Accommodations** may be used if the student meets required conditions. Conditions are documented in the IEP and verified according to the student's specific impairment or through individualized assessment showing the severity of the disability. If the required condition is not met, the student may not use the Special Accommodation.

All Special and ELL Accommodations used must be appropriate for the individual student and should be documented on the IEP as a classroom accommodation that has been used consistently during the school year. If the student has not been receiving special education services during the school year prior to the TCAP Assessment, the IEP Team must attach documentation showing that the accommodation being used in the assessment was implemented within the regular classroom as an intervention. If an accommodation is discussed at the IEP Team meeting but is not used in the student's program to the extent that the student is proficient with the accommodation, the accommodation may not be used. Staff administering assessments should recognize that unless a student is accustomed to a particular accommodation, introducing that accommodation at the time of assessment may actually be an impediment to the student's performance.

Note: In rare cases additional accommodations other than those listed in this document may be needed for students. For these students the *Unique Adaptive Accommodations Request Form (UAARF)* should be submitted to the Department of Education for review and approval.

***Alternate Assessment**

<http://state.tn.us/education/speced/seassessment.shtml>

All students receiving special education services will participate in either the Tennessee Comprehensive Assessment Program (TCAP) Assessments or the Tennessee Comprehensive Assessment Program-Alternate (TCAP-Alt). Annually, the IEP team must determine the appropriate assessment based on guidelines from the Department of Education developed for this purpose.

The primary purpose of the alternate assessment is to ensure that students with disabilities who cannot participate in the regular statewide assessment, even with extensive accommodations and modifications, be provided the opportunity to participate in a challenging curriculum that will result in higher expectations. The

alternate assessment also ensures that these students are included in the state's educational accountability system. The alternate assessment provides a measure of the extent of system and parental support as well as student opportunities to learn.

Note: Instructions for developing Tennessee's alternate portfolio assessment (TCAP-Alt) are located on the Special Education website at:

<http://state.tn.us/education/speced/seassessment.shtml>

Chapter 5

Evaluation And Eligibility

The diversity of students suspected of needing special education challenges the expertise of special and general education teachers and administrators. Making professional decisions as to the identification of and programming for these students is often a difficult task. It is without question that the assessment process is paramount to the appropriate identification of students needing special education and to the appropriate programming for these students.

Assessment Specialists

Specific Eligibility Standards have been established for the assessment of students suspected to have a disability. Each of the disability eligibility standards includes the disability's Definition, Evaluation Procedures, and Evaluation Participants. Following is a list of assessment specialists who may be included in the assessment of children who are suspected of having a disability, as specified within Tennessee's Rules and Regulations:

Audiologist – a person holding a Master's Degree (or equivalent) in audiology and having American Speech-Language and Hearing Association certification (CCC-A) who is responsible for identification, audiological evaluation, and management of hearing impaired persons.

Speech-Language Pathologist (SLP), Speech-Language Therapist, or Speech-Language Teacher (SLT) – a specialist who diagnoses and facilitates the educational process by providing specific services to students with oral facial anomalies, voice disorders, neurogenic disorders, neuromuscular disorders, phonological/articulation disorders, language disorders, and fluency disorders.

Reading Specialist – The reading specialist has specialized knowledge of assessment and diagnosis that is vital for developing, implementing, and evaluating the literacy program in general, and in designing instruction for individual students. He or she can assess the reading strengths and needs of students and provide that information to classroom teachers, parents, and specialized personnel such as psychologists, special educators, or speech teachers, in order to provide an effective reading program.

Low Vision Specialist – a state credentialed teacher with an endorsement in the instruction of students with Visual Impairments. This person is certified to conduct and/or interpret Functional Vision Assessments.

Orientation and Mobility Specialist – a person qualified to provide evaluation and teaching services to blind or visually impaired students to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community and instruction to students in the following:
(a) to use spatial and environmental concepts of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street); (b) to use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; and (c) to understand and use remaining vision and distance low vision aids and other concepts, techniques, and tools.

Ophthalmologist – a medical doctor who specializes in the branch of medicine dealing with the structure, functions, and diseases of the eye and their correction.

Optometrist – in Tennessee, this licensed specialist can determine the degree of Visual Impairment, if any, and perform many of the same practices as an ophthalmologist, excluding surgery.

Occupational Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat disabilities affecting perceptual, sensory, physiological, motor, or self-care ability.

Physical Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat physical disabilities resulting from disease, injury, or developmental disabilities in areas that affect independence and functional mobility.

Psychologist – the licensed psychologist must hold a license issued by the appropriate licensing board in the state in which the child was determined disabled. In Tennessee, the licensing agency is The Tennessee Health Related Boards in Psychology. The licensed psychologist will hold the Psy.D, Ed.D, or Ph.D. degree. He or she must be competent to evaluate students for special education eligibility. The ability to administer tests does not solely establish competence in evaluating exceptionalities nor does it necessarily equip one to identify strategies for addressing all of the educational needs that students have.

Psychological Examiner – the licensed psychological examiner and licensed senior psychological examiner must also hold a license issued by the Tennessee Health Related Boards in Psychology. He or she will hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. The licensed senior psychological examiner must be competent to evaluate students in the suspected disability area. Prior to

utilizing licensed personnel, it is important to consider the types of services to be delivered in relation to the person's training and experience.

School Psychologist – the school psychologist must be certified by the appropriate state agency in the state where a child was determined disabled. In Tennessee, the appropriate state agency for licensure and endorsement of the school psychologist is the State Department of Education. The licensed school psychologist must hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. She or he must be competent to evaluate students in the suspected disability area.

Graduate Student in Psychology – an exception to the three specialists identified above (Psychologist, Psychological Examiner, and School Psychologist) is the provision of services by a graduate student under immediate supervision of one of these three specialists. This student must meet the following requirements:

1. The student must be working toward licensure with the State Department of Education in School Psychology or enrolled in an internship leading toward licensure as a Psychologist or Psychological Examiner.
2. The student must have completed all course work necessary to participate in an internship from his or her university's program.
3. Services provided must be part of a recognized field experience supervised by the Psychology Training Program in which the student is enrolled.
4. The student must be under the immediate supervision of a State Department of Education licensed school psychologist, a licensed psychologist, or a licensed psychological examiner. This supervision must have the approval of the psychology program of the university in which the student is enrolled.

In addition to the student requirements listed above, the Psychology Training Program in which the student is enrolled must provide the Department of Education with a list of its graduate students who are providing psychological services to a school system. They must also provide documentation that the student meets the above requirements.

Psychiatrist – holds a license issued by the appropriate licensing board in the state in which the certification was approved. In Tennessee, the licensing agency is the Tennessee Board of Health Related Boards. The licensed psychiatrist holds a M.D. degree and has the ethical responsibility for determining if his or her areas of expertise include the diagnosis and certification of the given exceptionality.

Neurologist – a Tennessee Health Related Boards practitioner licensed to test and treat disorders and diseases of the central nervous system.

Referral, Initial Evaluation, And Reevaluation

All procedures and requirements governing the referral, initial evaluation, and reevaluation of students with disabilities may be found on the Special Education website at <http://state.tn.us/education/speced/selegalservices.shtml> in the Rulemaking Hearing Rules of the State Board of Education, Chapter 0520-01-09 Special Education Programs and Services Rules.

DEFINITIONS

The following are definitions of the components of referral, evaluation, and determination of eligibility for special education as described in the above-referenced Rulemaking Hearing Rules of the State Board of Education:

"Evaluation" is the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term refers to procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

"Evaluation/Reevaluation Report" is a summary of evaluation/reevaluation results obtained in the process of collecting information to determine if the child is a child with a disability or continues to be a child with a disability. The report(s) will vary from student to student, depending upon the type of evaluation completed (i.e., psycho-educational evaluation, occupational or physical therapy evaluation, or speech-language evaluation, etc.). The evaluation/reevaluation report includes a summary of assessments and interpretation of those assessments.

"Reevaluation" is a re-determination of a child's eligibility for special education and related services by an IEP team. Reevaluations occur at least once every three (3) years, or more frequently if conditions warrant or if requested by the child's parent or teacher.

Note: Guidelines for the reevaluation of students receiving special education services are located on the web at <http://tennessee.gov/education/speced/seassessment.shtml#Reeval> under the heading of Reevaluation Summary Report.

Determination Of Eligibility

When the evaluation or reevaluation has been completed, the child's IEP team must determine if the child is eligible for special education. A copy of the evaluation/reevaluation report and determination of eligibility (Eligibility Report) is provided to the parent at the time of this meeting. An IEP is developed for a student when it is determined that the child has a disability, and has demonstrated the need for special education and related services. A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.

Other requirements for determining eligibility for special education include the following:

- The student's assessment should include information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.
- Information obtained from these sources should be documented and carefully considered.
- Determination of eligibility is made by the IEP team upon review of all components of the assessment.

Chapter 6

Disability Standards

The following Disability Eligibility Standards for the assessment of students who are suspected to have a disability can also be found on the special education website at <http://tennessee.gov/education/speced/seassessment.shtml#INITIAL> under the heading of Initial Eligibility. Best practice guidelines for student evaluation are located under the heading of Disability Assessment Guidebooks and Resource Packets <http://tennessee.gov/education/speced/seassessment.shtml#DISABILITY>. Assessment related resources found on this page are as follows:

- Initial Eligibility
- Training Materials
- Functional Behavior Assessment
- Evaluation Forms
- Reevaluation Summary Report
- Responsiveness to Intervention (RTI)
- Disproportionality
- English as a Second Language (ESL) – Appropriate Identification and Assessment
- At Standard Reviews—Practices, Policies, and Procedures
- Disability Assessment Guidebooks and Resource Packets
- Tennessee Comprehensive Assessment Program (TCAP)
- Support Organizations

Autism

1. Definition

Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child's educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger's Syndrome when the child's educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett's or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age (3) three:

- a. difficulty relating to others or interacting in a socially appropriate manner;
- b. absence, disorder, or delay in verbal and/or nonverbal communication; and
- c. one or more of the following:
 - (1.) insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;
 - (2.) unusual or inconsistent responses to sensory stimuli.

2. Evaluation

The characteristics identified in the Autism Definition are present.

Evaluation Procedures

Evaluation of Autism shall include the following:

- a. parental interviews including developmental history;
- b. behavioral observations in two or more settings (can be two settings within the school);
- c. physical and neurological information from a licensed physician, pediatrician or neurologist who can provide general health history to evaluate the possibility of other impacting health conditions;
- d. evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and

- e. documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism Spectrum Disorders:

- a. the parent;
- b. the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- c. a licensed special education teacher;
- d. a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- e. a licensed physician, neurologist, pediatrician or primary health care provider; and
- f. a certified speech/language teacher or specialist; and
- g. other professional personnel as needed, such as an occupational therapist, physical therapist or guidance counselor.

Deaf-Blindness

1. Definition

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. A child with deaf-blindness shall have at least one of the following:

- a. a child who meets criteria for Deafness/Hearing Impairment and Visual Impairment;
- b. a child who is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or
- c. a child with severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

2. Evaluation

The characteristics identified in the Deaf-Blindness Definition are present.

Evaluation Procedures

- a. Evaluation of Deaf-Blindness shall include the required Evaluation Procedures for Hearing Impairment/Deafness and Visual Impairment and include the following:
 - (1.) Deafness/Hearing Impairment Procedures
 - (a.) audiological evaluation;
 - (b.) evaluation of speech and language performance;
 - (c.) school history and levels of learning or educational performance;
 - (d.) observation of the child's auditory functioning and classroom performance; and
 - (e.) documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.
 - (2.) Visual Impairment Procedures
 - (a.) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the Visual Impairment evaluation;
 - (b.) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:

- i. observation of visual behaviors at school, home, or other environments;
 - ii. educational implications of eye condition based upon information received from eye report;
 - iii. assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for Braille; and
 - iv. school history and levels of educational performance.
- (c.) documentation, including observation and/or assessment, of how Visual Impairment adversely affects educational performance in the classroom or learning environment.
- b. Evaluation of a child with a suspected degenerative condition or syndrome which will lead to Deaf-Blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.
- c. Additional evaluation of Deaf-Blindness shall include the following:
 - (1.) expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;
 - (2.) assessment of speech and language functioning including the child's mode of communication;
 - (3.) assessment of developmental and academic functioning; and
 - (4.) documentation, including observation and/or assessment, of how Deaf-Blindness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deaf-Blindness:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher;
- d. a licensed physician or audiologist;
- e. a licensed speech/language teacher or specialist;
- f. an ophthalmologist or optometrist;
- g. a licensed teacher of students with Visual Impairments; and
- h. other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

Deafness

1. Definition

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance. The child has:

- a. an inability to communicate effectively due to Deafness; and/or
- b. an inability to perform academically on a level commensurate with the expected level because of Deafness; and/or
- c. delayed speech and/or language development due to Deafness.

2. Evaluation

The characteristics identified in the Deafness Definition are present.

Evaluation Procedures

Evaluation of Deafness shall include the following:

- a. audiological evaluation;
- b. evaluation of speech and language performance;
- c. school history and levels of learning or educational performance;
- d. observation of classroom performance; and
- e. documentation, including observation and/or assessment, of how Deafness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deafness:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher;
- d. a licensed physician or audiologist;
- e. a licensed speech/language teacher or specialist; and
- f. other professional personnel, as indicated.

Developmental Delay

1. Definition

Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. Local school systems have the option of using Developmental Delay as a disability category. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

2. Evaluation

The characteristics identified in the Developmental Delay Definition are present.

Evaluation Procedures

Evaluation of Developmental Delay shall include the following:

- a. Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
 - (1.) physical development, which includes fine and gross motor skills combined;
 - (2.) cognitive development;
 - (3.) communication development, which includes receptive and expressive language skills combined;
 - (4.) social/emotional development; and
 - (5.) adaptive development.
- b. Demonstration of significant delay in one or more of the above areas which is documented by:
 - (1.) performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean; or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas; or
 - (2.) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean; or when standard scores for the instrument used are not available, a 40% delay based on chronological age in one of the developmental areas; and
 - (3.) when one area is determined to be deficit by 2.0 standard deviations or 40% of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

- c. Evaluation by appropriate team member(s) of the following:
 - (1.) documentation of identifiable atypical development;
 - (2.) measurement of developmental skills using individually administered procedures;
 - (3.) examination of developmental strengths and needs of the child gathered from observation(s);
 - (4.) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development,
 - (5.) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;
 - (6.) a review of any existing records or data, and
 - (7.) documentation, including observation and/or assessment, of how Developmental Delay adversely impacts the child's educational performance in his/her learning environment.
- d. After the age of seven, when reevaluation for continued eligibility is determined appropriate by the IEP Team, the reevaluation shall include at a minimum a multi-measure diagnostic procedure which includes a comprehensive psycho-educational assessment that measures developmental skills, cognitive functioning, and/or additional areas as determined appropriate by the IEP Team.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Developmental Delay:

- a. the parent;
- b. the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age),
- c. a licensed early childhood special education teacher or special education teacher with pre-school experience and one or more of the following persons:
 - (1.) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner;
 - (2.) a licensed speech/language specialist;
 - (3.) a licensed related services specialist;
 - (4.) a medical specialist; and
 - (5.) other personnel, as indicated.

Emotional Disturbance

1. Definition

Emotional Disturbance means a disability exhibiting one or more of the following characteristics to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring) that adversely affects a child's educational performance:

- a. inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
- b. inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
- c. inappropriate types of behavior or feelings when no major or unusual stressors are evident;
- d. general pervasive mood of unhappiness or depression;
- e. tendency to develop physical symptoms or fears associated with personal or school problems.

The term may include other mental health diagnoses. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.

2. Evaluation

The characteristics identified in the Emotional Disturbance Definition are present.

Evaluation Procedures

Evaluation of Emotional Disturbance shall include a multifactored evaluation for initial placement that includes, but is not limited to, the following:

- a. visual or auditory deficits ruled out as the primary cause of atypical behavior(s);
- b. physical conditions ruled out as the primary cause of atypical behavior(s);
- c. specific behavioral data which includes
 - (1.) documentation of previous interventions, and
 - (2.) evaluation of the locus of control of behavior to include internal and external factors;
- d. direct and anecdotal observations over time and across various settings by three or more licensed professionals;
- e. individual assessment of psycho-educational strengths and weaknesses, which include
 - (1.) intelligence, behavior, and personality factors, and
 - (2.) take into account any exceptionality of the individual in the choice of assessment procedures;

- f. individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses;
- g. review of past educational performance;
- h. comprehensive social history/assessment collected directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors which includes:
 - (1.) family history,
 - (2.) family-social interactions,
 - (3.) developmental history,
 - (4.) medical history (including mental health), and
 - (5.) school history (including attendance and discipline records); and
- i. documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Emotional Disturbance:

- a. the parent;
- b. the child's general education classroom teacher(s);
- c. a licensed special education teacher;
- d. a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- e. other professional personnel (i.e., mental health service providers, and school social workers), as indicated.

Functional Delayed

1. Definition

Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age, including:

- a. significantly impaired intellectual functioning which is two or more standard deviations below the mean, and difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning:
 - (1.) limited English proficiency;
 - (2.) cultural factors;
 - (3.) medical conditions that impact school performance;
 - (4.) environmental factors;
 - (5.) communication, sensory or motor disabilities.
- b. deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:
 - (1.) basic reading skills;
 - (2.) reading fluency skills;
 - (3.) reading comprehension;
 - (4.) mathematics calculation;
 - (5.) mathematics problem solving;
 - (6.) written expression.
- c. home or school adaptive behavior scores that fall above the level required for meeting Mental Retardation eligibility standards.

2. Evaluation

The characteristics identified in the Functional Delay Definition are present.

Evaluation Procedures

Evaluation of Functional Delay shall include the following:

- a. Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
 - (1.) selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;
 - (2.) interpretation of test scores which take into account:
 - (a.) the standard error of measurement for the test at the 68th percent confidence level, and
 - (b.) factors that may affect test performance; including:

- i. limited English proficiency;
 - ii. cultural factors;
 - iii. medical conditions that impact school performance;
 - iv. environmental factors;
 - v. communication, sensory or motor disabilities; and
- (c.) determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.
- b. Achievement evaluation with individual, standardized achievement test(s) in the areas of:
 - (1.) basic reading skills,
 - (2.) reading fluency skills,
 - (3.) reading comprehension,
 - (4.) mathematics calculation,
 - (5.) mathematics problem solving, and
 - (6.) written expression;
- c. Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and
- d. Documentation, including observation and/or assessment, of how Functional Delay adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Functional Delay:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher;
- d. a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- e. other professional personnel, as indicated.

Hearing Impairment

1. Definition

Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

A child shall have one or more of the following characteristics:

- a. inability to communicate effectively due to a Hearing Impairment;
- b. inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment;
- c. delayed speech and/or language development due to a Hearing Impairment.

2. Evaluation

The characteristics identified in the Hearing Impairment Definition are present.

Evaluation Procedures

Evaluation of Hearing Impairment shall include the following:

- a. audiological evaluation;
- b. evaluation of speech and language performance;
- c. school history and levels of learning or educational performance;
- d. observation of classroom performance; and
- e. documentation, including observation and/or assessment, of how Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Hearing Impairment:

- a. the parent;
- b. the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- c. a licensed special education teacher;
- d. an audiologist or licensed physician;
- e. a licensed speech/language teacher or specialist; and
- f. other professional personnel, as indicated.

Intellectually Gifted

1. Definition

“Intellectually Gifted” means a child whose intellectual abilities and potential for achievement are so outstanding the child’s educational performance is adversely affected. “Adverse affect” means the general curriculum alone is inadequate to appropriately meet the student’s educational needs.

2. Evaluation

The characteristics identified in the Intellectually Gifted Definition are present.

Evaluation Procedures

Evaluation of Intellectually Gifted shall include the following:

- a. Assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility that includes evaluation and assessment of:
 - (1.) educational performance
 - (2.) creativity/characteristics of intellectual giftedness, and;
 - (3.) cognition/intelligence;
- b. Individual evaluation procedures that include appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments;
- c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:
 - (1.) Systematic Child Find and Individual Screening:
 - (a.) systematic child-find for students who are potentially gifted to include at least one grade level screening, and
 - (b.) individual screening of these students in grades K-12 in the areas of:
 - i. educational performance, and
 - ii. creativity/characteristics of giftedness; and
 - (c.) a team review of individual screening results to determine need for referral for comprehensive assessment;
 - (2.) Comprehensive Assessment:
 - (a.) individual evaluation of cognition or intellectual ability;
 - (b.) individual evaluation of educational performance and creativity/ characteristics of giftedness, the need for expanded assessment and evaluation in each of these areas to be based on results of Individual Screening; and regardless of specific criteria used to determine or identify the student with Intellectual Giftedness;
 - (c.) completion of assessment procedures in the three component areas (cognition, educational performance and creativity/ characteristics of giftedness) for program and services planning; and

- (d.) documentation, including observation and/or assessment, of how Intellectual Giftedness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

- a. Information shall be gathered from the following persons in the evaluation of Intellectual Giftedness:
- (1.) the parent;
 - (2.) the child's referring teacher, or a general classroom teacher qualified to teach a child of his/her age, who is familiar with the student (with a child of less than school age, an individual qualified to teach a child of his/her age, who is familiar with the child); and when appropriate, in collaboration with the ESL teacher, when the child is an English Language Learner;
 - (3.) a licensed special education teacher and/or a licensed teacher who meets the employment standards in gifted education;
 - (4.) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;
 - (5.) other professional personnel, as indicated.
- b. At least one of the evaluation participants [(2), (3), (4), or (5)] must be trained in the characteristics of gifted children.

Mental Retardation

1. Definition

Mental Retardation is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affect a child's educational performance.

2. Evaluation

The characteristics as identified in the Mental Retardation Definition are present.

Evaluation Procedures

Evaluation of Mental Retardation shall include the following:

- a. Assessment of intelligence/cognitive abilities, adaptive behaviors at school and in the home, and developmental assessment as follows:
 - (1.) intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities which results in significantly impaired intellectual functioning, which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence;
 - (2.) significantly impaired adaptive behavior in the home or community determined by:
 - (a.) a composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score, and
 - (b.) additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and
 - (3.) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
 - (a.) systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:
 - i. birth to 6 years – communication, self-care, social skills, and physical development;

- ii. 6 to 13 years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;
 - iii. 14 to 21 years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work; and
- (b.) when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and
- (4.) Assessments and interpretation of evaluation results in evaluation standards 2.a.(1), 2.a.(2), and 2.a.(3) shall take into account factors that may affect test performance, including:
- (a.) limited English proficiency;
 - (b.) cultural factors;
 - (c.) medical conditions that impact school performance;
 - (d.) environmental factors;
 - (e.) communication, sensory or motor disabilities; and
 - (f.) difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning, home, and school adaptive behavior.
- b. Developmental history which indicates delays in cognitive/intellectual abilities (intellectual impairment) manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays present in the child's' natural (home and school) environment.
- c. Documentation, including observation and/or assessment of how Mental Retardation adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Mental Retardation:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher;
- d. a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- e. other professional personnel, as indicated.

Multiple Disabilities

1. Definition

Multiple Disabilities means concomitant impairments (such as Mental Retardation-Deafness, Mental Retardation-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

2. Evaluation

The characteristics as identified in the Multiple Disabilities Definition are present.

Evaluation Procedures

Evaluation of Multiple Disabilities shall include the following:

- a. Evaluation, following the procedures for each disability;
- b. Determination of eligibility based on the definition and standards for two or more disabilities;
- c. The nature of the combination of the student's disabilities require significant developmental and educational programming that cannot be accommodated with special education programs by addressing any one of the identified disabilities; and
- d. Documentation, including observation and/or assessment, of how Multiple Disabilities adversely impact the child's educational performance in his/her environment.

Evaluation Participants

Information shall be gathered from those persons designated for each disability included in the evaluation of Multiple Disabilities.

Orthopedic Impairment

1. Definition

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

2. Evaluation

The characteristics as identified in the Orthopedic Impairment Definition are present.

Evaluation Procedures

Evaluation of Orthopedic Impairment shall include the following:

- a. Medical evaluation of the child's Orthopedic Impairment by a licensed physician;
- b. Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment; and
- c. Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Orthopedic Impairment:

- a. the parent;
- b. the child's general education classroom teacher(s);
- c. a licensed special education teacher
- d. a licensed physician; and
- e. other professional personnel as indicated (i.e., Occupational Therapist, Physical Therapist, or Assistive Technology Specialist).

Other Health Impairment

1. Definition

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is "Other Health Impaired" who has chronic or acute health problems that require specially designed instruction due to:

- a. impaired organizational or work skills;
- b. inability to manage or complete tasks;
- c. excessive health related absenteeism; or
- d. medications that affect cognitive functioning.

2. Evaluation

The characteristics as identified in the Other Health Impairment Definition are present.

Evaluation Procedures

Evaluation of Other Health Impairment shall include the following:

- a. The evaluation report used for initial eligibility shall be current within one year and include the following:
 - (1.) an evaluation from a licensed health services provider* that includes:
 - (a.) medical assessment and documentation of the student's health;
 - (b.) any diagnoses and prognoses of the child's health impairments;
 - (c.) information, as applicable, regarding medications; and
 - (d.) special health care procedures, special diet and/or activity restrictions.

*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation as described in (1)(a).
 - (2.) a comprehensive psycho-educational assessment which includes measures that document the student's educational performance in the following areas:
 - (a.) pre-academics or academic skills,
 - (b.) adaptive behavior,
 - (c.) social/emotional development,
 - (d.) motor skills,

- (e.) communication skills, and
 - (f.) cognitive ability.
- b. documentation, including observation and/or assessment, of how Other Health Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Other Health Impairment:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher;
- d. a licensed medical health services provider (such as licensed physician, physician's assistant or nurse practitioner);
- e. a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist; and
- f. other professional personnel as indicated.

Specific Learning Disabilities

1. Definition

“Specific Learning Disability” The term Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child’s educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include a learning problem that is primarily the result of Visual Impairment, Hearing Impairment, Orthopedic Impairment; Mental Retardation; Emotional Disturbance; limited English proficiency; environmental or cultural disadvantage.

2. Evaluation

The characteristics as identified in the Specific Learning Disabilities Definition are present.

- a. Evaluation for Specific Learning Disabilities shall meet the following nine standards:
 - (1.) evidence that underachievement in a child was not due to a lack of appropriate (the child’s State-approved grade level standards) scientifically-validated instruction (instruction that has been researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies) in reading and math;
 - (2.) evidence that prior to, or as a part of, the referral process, the child was provided appropriate instruction in general education settings;
 - (3.) evidence that instruction was delivered by appropriately trained personnel;
 - (4.) data-based documentation of repeated formal assessment of student progress during instruction (progress monitoring data) that has been collected and recorded frequently (a minimum of one data point per week in each area of academic concern);
 - (5.) evidence that progress monitoring data was provided to the child’s parents at a minimum of once every four and one-half (4.5) weeks;
 - (6.) evidence that, when provided scientifically-validated instruction and appropriate interventions and learning experiences, the child did not achieve at a proficiency level or rate consistent with State-approved grade level standards or with the child’s age, in one or more of the following areas;
 - (a.) oral expression,
 - (b.) listening comprehension,
 - (c.) written expression,

- (d.) basic reading skills,
- (e.) reading fluency skills,
- (f.) reading comprehension,
- (g.) mathematics calculation, and
- (h.) mathematics problem solving;
- (7.) evidence that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to State-approved grade-level standards, the child's age, or intellectual development that is determined to be relevant to the identification of a Specific Learning Disability (as defined in the definition of Specific Learning Disabilities); and
- (8.) evidence that the child's learning problems are not primarily due to Visual Impairment, Hearing Impairment, Orthopedic Impairment; Mental Retardation; Emotional Disturbance; limited English proficiency; environmental or cultural factors; motivational factors; or situational trauma (i.e., temporary, sudden, or recent change in the child's life);
- b. A child whose characteristics meet the definition of a child having a Specific Learning Disability may be identified as a child eligible for Special Education services if:
 - (1.) all the requirements of standards 2.a.(1) – 2.a. (8) have been met;
 - (2.) the evidence and documentation is evaluated and results verify that the characteristics exhibited by the child meet the definition of a Specific Learning Disability; and
 - (3.) documentation, including observation and/or assessment, of how Specific Learning Disabilities adversely impacts the child's educational performance in his/her learning environment.

Evaluation Procedures

Evaluation and identification of students with Specific Learning Disabilities may be conducted using *either* a State-Approved Responsiveness to Intervention (RTI) Method of Identification *or* the State-Approved IQ/Achievement Discrepancy Method of Identification as described in Procedural Addenda A and B, respectively, of the Specific Learning Disabilities Standards.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Specific Learning Disability:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed special education teacher; a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;

- d. at least one person qualified to conduct an individual diagnostic evaluation (e.g., licensed special education teacher, licensed speech-language teacher/pathologist or licensed remedial reading teacher/specialist); and
- e. other professional personnel as indicated (e.g., Optometrist or Ophthalmologist).

PROCEDURAL ADDENDUM A

The Responsiveness to Intervention (RTI) Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition

RTI is a set of systematic and data-based instructional processes for identifying, defining, and resolving students' academic and/or behavioral problems. RTI is a multi-tiered approach that provides services and interventions to struggling learners at increasing levels of intensity. The RTI approach must use a systematic process with a continuum of intervention options to determine if the child responds to scientific, research-based interventions.

2. Evaluation

- a. A Response to Intervention Method of Identification may be used for the identification of students with Specific Learning Disabilities when the following requirements are met:
 - (1.) districts and/or schools must receive state approval from the Tennessee Department of Education, Division of Special Education, Office of Assessment, 710 James Robertson Parkway, Nashville, Tennessee, 37243 before using the RTI Method of Identification for Specific Learning Disabilities; and
 - (2.) the submitted plan must include, at a minimum, completion of the Tennessee RTI Action Plan template at the Division of Special Education website on the Special Education Assessment page: <http://state.tn.us/education/speced/seassessment.shtml>.
 - (3.) The Tennessee RTI Action Plan follows the standards of excellence presented in the IRIS Center for Training Enhancements, RTI Online Modules located at <http://iris.peabody.vanderbilt.edu/resources.html>, particularly **Module 4: RTI: Putting it all Together**, and **Module 5: RTI: Considerations for School Leaders**.
- (b.) A State-approved RTI Method of Identification must include:
 - (1.) high-quality instruction and positive behavioral supports provided by appropriately trained personnel;
 - (2.) scientifically-validated interventions appropriate for suspected area of disability;
 - (3.) frequent, ongoing progress monitoring to evaluate the effectiveness of the interventions and inform instruction that includes:
 - i. data-based documentation to illustrate the student's response to the intervention(s);

- ii. data-based documentation of intervention integrity, fidelity to design, and intensity; and
 - iii. periodic collaborative student support team review of student outcome data taking into account Local Education Agency-determined decision points.
- (4.) documentation of parental input; and, as appropriate, the child's input; and
- (5.) documentation that the child's learning problems are not primarily due to:
 - i. lack of appropriate instruction in reading and math;
 - ii. limited English proficiency;
 - iii. Visual Impairment;
 - iv. Hearing Impairment;
 - v. Orthopedic Impairment;
 - vi. Mental Retardation;
 - vii. Emotional Disturbance;
 - viii. environmental or cultural factors;
 - ix. motivational factors; and
 - x. situational trauma.
- c. Evaluation using a *State-approved RTI Method of Identification* must include:
 - (1.) data demonstrating the student's non-responsiveness to scientifically-validated interventions supported by comprehensive, curriculum-based data;
 - (2.) documentation that rules out other disabilities or factors including the administration of a linguistically and culturally-fair individual, standardized scale of intelligence (short-form measures of cognitive ability established by the State as valid and reliable may be used); and
 - (3.) a comprehensive psycho-educational evaluation when the assessment results from the previous standards listed in (3)(a) and (3)(b) are inconclusive.

PROCEDURAL ADDENDUM B

The IQ/Achievement Discrepancy Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition

The IQ/Achievement Discrepancy Method of Identification concludes there is a severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability. A severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability is defined by at least 1.5 Standard Deviations (considering Standard Error of the Estimate) when utilizing regression-based discrepancy analyses described in Tennessee's guidelines for evaluation of Specific Learning Disabilities in the SLD Assessment Resource Packet: <http://state.tn.us/education/speced/seassessment.shtml>

2. Evaluation

- a. The IQ/Achievement Discrepancy Method of Identification must include documentation that all the standards in the Specific Learning Disabilities Evaluation Section 2.a.(1) – 2.a.(8) and Evaluation Section 2.b.(1) through 2.b.(3) have been met.
- b. Evaluation using the IQ/Achievement Discrepancy Method of Identification must also include:
 - (1.) an individual standardized multi-factored assessment of cognitive ability;
 - (2.) an individual standardized assessment of academic achievement;
 - (3.) documentation of performance on all of the following:
 - (a.) group or individually administered achievement tests; and
 - (b.) criterion-referenced assessments or curriculum/performance-based assessments;
 - (4.) at least two documented observations of the child's educational performance in the general education classroom including:
 - (a.) an indirect observation by the child's general education classroom teacher, and
 - (b.) a direct observation by a professional other than the person providing the indirect observation (observations shall address the child's academic behaviors, academic performance, and relevant work samples);
 - (5.) documentation of parental input; and, as appropriate, the child's input; and
 - (6.) documentation that the child's learning problems are not primarily due to:
 - (a.) lack of appropriate instruction in reading and math;

- (b.) limited English proficiency;
- (c.) Visual Impairment;
- (d.) Hearing Impairment;
- (e.) Orthopedic Impairment;
- (f.) Mental Retardation;
- (g.) Emotional Disturbance;
- (h.) environmental or cultural factors;
- (i.) motivational factors; and
- (j.) situational trauma.

Speech Or Language Impairment

1. Definition

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

Speech or Language Impairment include demonstration of impairments in the areas of language, articulation, voice, or fluency.

- a. Language Impairment – A significant deficiency not consistent with the student's chronological age in one or more of the following areas:
 - (1.) a deficiency in receptive language skills to gain information;
 - (2.) a deficiency in expressive language skills to communicate information;
 - (3.) a deficiency in processing (auditory perception) skills to organize information.
- b. Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech not consistent with chronological age.
- c. Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
- d. Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectic differences.

2. Evaluation

The characteristics as identified in the Speech or Language Definition are present.

Evaluation Procedures

Evaluation of Speech or Language Impairments shall include the following:

- a. Language Impairment – a significant deficiency in language shall be determined by:
 - (1.) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and
 - (2.) a minimum of two measures shall be used, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples. At least one standardized comprehensive measure of language ability shall be included in the evaluation process.

Evaluation of language abilities shall include the following:

- (a.) hearing screening;
- (b.) receptive language: vocabulary, syntax, morphology;

- (c.) expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology; and
 - (d.) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.
- (3.) documentation, including observation and/or assessment, of how Language Impairment adversely impacts his/her educational performance in his/her learning environment.
- b. Articulation Impairment – a significant deficiency in articulation shall be determined by one of the following:
 - (1.) articulation error(s) persisting one year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms;
 - (2.) evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes; or
 - (3.) misarticulations that interfere with communication and attract adverse attention.

Evaluation of articulation abilities shall include the following:

 - (a.) appropriate formal/informal instrument(s);
 - (b.) stimulability probes;
 - (c.) oral peripheral examination; and
 - (d.) analysis of phoneme production in conversational speech.- (4.) documentation, including observation and/or assessment, of how Articulation Impairment adversely impacts his/her educational performance in his/her learning environment.
- c. Voice Impairment – evaluation of vocal characteristics shall include the following:
 - (1.) hearing screening;
 - (2.) examination by an otolaryngologist;
 - (3.) oral peripheral examination; and
 - (4.) documentation, including observation and/or assessment, of how Voice Impairment adversely impacts his/her educational performance in his/her learning environment.
- d. Fluency Impairment – evaluation of fluency shall include the following:
 - (1.) hearing screening;
 - (2.) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;
 - (3.) oral peripheral examination; and
 - (4.) documentation, including observation and/or assessment, of how Fluency Impairment adversely impacts his/her educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

- a. the parent;
- b. the child's general education classroom teacher;
- c. a licensed school speech-language pathologist, a licensed speech-language pathologist, a licensed speech-language therapist, and a speech-language teacher if working under the direction of a licensed school speech-language pathologist or licensed speech-language pathologist;
- d. a licensed special education teacher, when appropriate;
- e. a licensed otolaryngologist (for voice impairments only); and
- f. other professional personnel, as indicated.

Traumatic Brain Injury

1. Definition

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Traumatic Brain Injury may include all of the following:

- a. an insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and
- b. the insult to the brain induces a partial or total functional disability and results in one or more of the following:
 - (1.) Physical impairments such as, but not limited to:
 - (a.) speech, vision, hearing, and other sensory impairments,
 - (b.) headaches,
 - (c.) fatigue,
 - (d.) lack of coordination,
 - (e.) spasticity of muscles,
 - (f.) paralysis of one or both sides,
 - (g.) seizure disorder.
 - (2.) Cognitive impairments such as, but not limited to:
 - (a.) attention or concentration,
 - (b.) ability to initiate, organize, or complete tasks,
 - (c.) ability to sequence, generalize, or plan,
 - (d.) flexibility in thinking, reasoning or problem solving,
 - (e.) abstract thinking,
 - (f.) judgment or perception,
 - (g.) long-term or short term memory, including confabulation,
 - (h.) ability to acquire or retain new information,
 - (h.) ability to process information/processing speed.
 - (3.) Psychosocial impairments such as, but not limited to:
 - (a.) impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships,
 - (b.) impaired ability to cope with over-stimulation environments and low frustration tolerance,

- (c.) mood swings or emotional lability,
- (d.) impaired ability to establish or maintain self-esteem,
- (e.) lack of awareness of deficits affecting performance,
- (f.) difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),
- (g.) impaired ability to demonstrate age-appropriate behavior,
- (h.) difficulty in relating to others,
- (i.) impaired self-control (verbal or physical aggression, impulsivity),
- (j.) inappropriate sexual behavior or disinhibition,
- (k.) restlessness, limited motivation and initiation,
- (l.) intensification of pre-existing maladaptive behaviors or disabilities.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

2. Evaluation

The characteristics as identified in the Traumatic Brain Definition are present.

Evaluations Procedures

Evaluation of Traumatic Brain Injury shall include the following:

- a. appropriate medical statement obtained from a licensed physician;
- b. parent/caregiver interview;
- c. educational history and current levels of educational performance;
- d. functional assessment of cognitive/communicative abilities;
- e. social adaptive behaviors which relate to Traumatic Brain Injury;
- f. physical adaptive behaviors which relate to Traumatic Brain Injury; and
- g. documentation, including observation and/or assessment of how Traumatic Brain Injury adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Traumatic Brain Injury:

- a. the parent;
- b. the child's general education teacher;
- c. a licensed special education teacher;
- d. a licensed physician; and
- e. other professional personnel, as indicated.

Visual Impairment

1. Definition

Visual Impairment including blindness means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Visual Impairment includes at least one of the following:

- a. visual acuity in the better eye or both eyes with best possible correction:
 - (1.) legal blindness – 20/200 or less at distance and/or near;
 - (2.) low vision – 20/50 or less at distance and/or near.
- b. visual field restriction with both eyes:
 - (1.) legal blindness – remaining visual field of 20 degrees or less;
 - (2.) low vision – remaining visual field of 60 degrees or less;
 - (3.) medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.
- c. other Visual Impairment, not perceptual in nature, resulting from a medically documented condition.

2. Evaluation

The characteristics as identified in the Visual Impairment Definition are present.

Evaluation Procedures

Evaluation of Visual Impairment shall include the following:

- a. evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- b. a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:
 - (1.) observation of visual behaviors at school, home, or other environments;
 - (2.) educational implications of eye condition based upon information received from eye report;
 - (3.) assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for braille;
 - (4.) school history and levels of educational performance; and
- c. documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Visual Impairment:

- a. the parent;
- b. the child's general education classroom teacher; and
- c. a licensed teacher of students with Visual Impairments;
- d. a licensed special education teacher;
- e. an ophthalmologist or optometrist;
- f. other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

Appendices

Special

Education

Manual

Appendix A

Resources

COMMISSIONER OF EDUCATION

Dr. Tim Webb

Phone: 615-741-2731

Tim.Webb@state.tn.us

DIVISION OF SPECIAL EDUCATION CONTACTS

CENTRAL OFFICE STAFF

Andrew Johnson Tower, 7th Floor

710 James Robertson Parkway

Nashville, Tennessee 37243

Local Phone: 615-532-8228

Toll-Free Phone: 1-888-212-3162

Fax: 615-352-9412

ASSISTANT COMMISSIONER OF SPECIAL EDUCATION

JOSEPH FISHER

Phone: 615-741-3340

Joe.Fisher@state.tn.us

Administrative Assistant

Nan McKerley

Phone: 615-741-7796

Nan.McKerley@state.tn.us

Assessment

Ann Sanders-Eakes, Associate Director

Phone: (615) 741-7811

Ann.Sanders@state.tn.us

Assessment & Intervention Programs

Kathy Strunk, Director

Phone: (615) 532-1659

Kathy.Strunk@state.tn.us

Autism/Behavioral & Low Incidence Services

Linda Copas, Director

Phone: (615) 741-7790

Linda.Copas@state.tn.us

Kay Flowers, Complaints Consultant

Phone: (615) 532-6239

Kay.Flowers@state.tn.us

Compliance Monitoring

Cara Alexander, Director

Phone: (615) 532.6240

Cara.L.Alexander@state.tn.us

Data Management

Terry Long, Director

Phone: (615) 532-3262

Terry.Long@state.tn.us

Early Childhood Programs

Jamie Kilpatrick, Director

Phone: (615) 741-3537

Jamie.Kilpatrick@state.tn.us

Higher Education Services

May Alice Ridley, Director

Phone: (615) 532-4982

Mayalice.Ridley@state.tn.us

Legal Services

Bill Wilson, Director

Phone: (615) 741-5988

Bill.Wilson@state.tn.us

State Reporting & Professional Development

Steve Sparks, Director

Phone: (615) 741-3619

Steve.Sparks@state.tn.us

State/Private/Charter/Juvenile Detention Centers

Calvin Burden, Director

Phone: (615) 741-3538

Calvin.Burden@state.tn.us

State Special Schools

Don Thompson, Liaison

Phone: (865) 594-5691, ext. 124

Don.V.Thompson@state.tn.us

Teacher Quality & Development

Angie Cannon, Executive Director

Phone: (615) 532-6282

Angie.Cannon@state.tn.us

Regional Resource Service Centers

East Tennessee Regional Resource Service Center

Robert Winstead, Coordinator

Robert.Winstead@state.tn.us

2763 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 594-5691

Fax: (865) 594-8909

Middle Tennessee Regional Resource Service Center

Bob Blair, Coordinator

Bob.Blair@state.tn.us

1256 Foster Avenue

Hardison Bldg.

Nashville, Tennessee, 37243

Phone: (615) 532-3258

Fax: (615) 532-3257

West Tennessee Regional Resource Service Center

Larry Greer, Coordinator

Larry.Greer@state.tn.us

100 Berryhill Drive

Jackson, 38301

Phone: (731) 421-5074

Fax: (731) 421-5077

State Special Schools

Tennessee School for the Deaf

Alan Mealka, Superintendent

amealka@tsd.k12tn.us

2763 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 579-2441

Fax: (865) 579-2484

www.tsdeaf.org/

Tennessee School for the Blind

Jim Oldham, Superintendent

jim.oldham@tnschoolfortheblind.org

115 Stewarts Ferry Pike

Nashville, Tennessee 37214

Phone: (615) 231-7300

Fax: (615) 871-9312

www.tnschoolfortheblind.org

West Tennessee School for the Deaf

Barbara Bone, Superintendent

boneb1@k12tn.net

100 Berry Hill Drive

Jackson, Tennessee 38301

Phone: (731) 423-5705

Fax: (731) 423-6470

www.wtsd.tn.org

Special Education Advisory Council

Advisory Council for the Education of Students with Disabilities

<http://www.tennessee.gov/education/speced/advisory.shtml>

Jim Topp, Chair

Jimtopp1@bellsouth.net

RELATED STATE CONTACTS

The ARC of Tennessee
Walter Rogers, Executive Director
151 Athens Way
Nashville, TN 37228
Toll-Free Phone: 1-800-835-7077
Phone: (615) 248-5878
Fax: (615) 248-5879
www.thearctn.org

Disability Coalition on Education in Tennessee
www.dce-tn.org

DISABILITY LAW AND ADVOCACY, INC.
Diane Lee, Senior Advocate/Intake Coordinator
dianel@dlactn.org
P.O. Box 121257
Nashville, TN 37212
Toll-Free Phone: 1-800-342-1660
Fax: (901) 458-7819
www.dlactn.org

SUPPORT AND TRAINING FOR EXCEPTIONAL PARENTS (STEP)
Jeness Roth, Executive Director
712 Professional Plaza
Greeneville, TN 37745
Information@tnstep.org
www.tnstep.org
Toll-Free Phone: 1-800-280-STEP
Voice: (423) 639-0125
Fax: (423) 636-8217
Text: (423) 639-8802

Tennessee Council on Developmental Disabilities
Parkway Towers, Suite 130
404 James Robertson Parkway
Nashville, Tennessee 37243-0228
Telephone 615.532.6615
TTY 615.741.4562
Fax 615.532.6964
www.tnddc@state.tn.us

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

Phone: (615) 741-9192

www.tennessee.gov/youth

TENNESSEE DEPARTMENT OF HUMAN SERVICES

Area office numbers and addresses available on web:

www.tennessee.gov/humanserv

**TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL SERVICES**

<http://www.tennessee.gov/mental/>

5th Floor Cordell Hull Building

425 5th Avenue North

Nashville, TN 37243-0675

Phone: (615) 532-6500

Fax: (615) 532-6514

TENNESSEE EARLY INTERVENTION SERVICES

Toll Free: 1-800-852-7157

VOCATIONAL REHABILITATION SERVICES

<http://www.tennessee.gov/humanserv/VRServices.html>

Citizens Plaza State Office Building

2nd Floor, 400 Deaderick Street

Nashville, TN 37243-1403

Phone: (615) 313-4891

TTY: (615) 313-5695

TTY: (Long Distance): 1-800-270-1349

Fax: (615) 741-6508

Statewide Centers

Tri-State Resource & Advocacy Corporation

5800 Building, 5708 Upton Road, Suite 350
Chattanooga, TN 37411-5507

Jackson Center for Independent Living

231-D North Parkway
Jackson, TN 38305

Disability Resource Center

900 E. Hill, Suite 120
Knoxville, TN 37915

Center for Independent Living

480 Craighead Avenue, Suite 200
Nashville, TN 37204

Memphis Center for Independent Living

163 North Angelus Street
Memphis, TN 38104

RELATED CONTACTS

Office of Special Education and Rehabilitative Services (OSERS)

U.S. Department of Education

400 Maryland Ave., S.W.
Washington, DC 20202-7100
Phone: (202) 245-7468

IDEA 2004 – THE LAW

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

IDEA 2004 – FINAL REGULATIONS

<http://idea.ed.gov/download/finalregulations.pdf>

Office of Civil Rights

Atlanta Federal Center
Atlanta, Georgia 30303-8909
Voice Phone: (404) 562-7886
Fax: (404) 562-7881

Appendix B

Acronyms

AAMR	American Association on Mental Retardation
ADD	Attention Deficit Disorder
ARC	Association of Retarded Citizens
ASHA	American Speech-Language-Hearing Association
AT	Assistive Technology
B.A.	Bachelor of Arts
B.S.	Bachelor of Science
BICS	Basic Interpersonal Communicative Skills
BIP	Behavior Intervention Program
CALP	Cognitive Academic Language Proficiency
CBM	Curriculum Based Measurement
CCC-A	Certificate of Clinical Competence in Audiology
CFR	Code of Federal Regulations
COTA	Certified Occupational Therapist Assistant
CPM	Continuous Progress Monitoring
CSS	Children Special Services
DCS	Department of Children's Services
DHS	Department of Human Services
DMRS	Division of Mental Retardation Services
DOC	Department of Corrections
Ed.D	Doctorate in Education
Ed.S	Educational Specialist
EIA	Education Improvement Act
ELL	English Language Learner
EOC	End of Course
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
FERPA	Family Education Rights and Privacy Act
HSSM	High School Subject Matter
IAEP	Interim Alternative Educational Placement
IDEA	Individuals with Disabilities Education Act
IEE	Independent Education Evaluation
IEP	Individual Education Plan

IQ	Intelligence Quotient
LEA	Local Education Agency
LRE	Least Restrictive Environment
M.A.	Master of Arts
M.Ed.	Master of Education
MHDD/MD	Mental Health Developmental Disabilities/Mental Retardation
M.S.	Master of Science
M.D.	Medical Doctor (Physician)
NASP	National Association of School Psychologists
NCLB	No Child Left Behind
OCR	Office for Civil Rights
OSEP	Office of Special Education Programs
OT	Occupational Therapist
PDD-NOS	Pervasive Developmental Disorder-Not Otherwise Specified
Ph.D.	Doctorate in Philosophy
Psy.D	Doctorate in Psychology
PT	Physical Therapist
PTA	Physical Therapist Assistant
RTI	Response to Intervention
SDOE	State Department of Education
SEA	State Education Agency
SEe	Standard Error of the Estimate
SEM	Special Education Manual
SLD	Specific Learning Disability
SLP	Speech-Language Pathologist
SLT	Speech-Language Therapist or Speech-Language Teacher
TBI	Traumatic Brain Injury
TCA	Tennessee Code Annotated
TCAP	Tennessee Comprehensive Assessment Program
TCAP-Alt	Tennessee Comprehensive Assessment Program Alternate
TCF: EA	Tennessee Curriculum Frameworks: Extensions and Adaptations
TDOE	Tennessee Department of Education
TEIS	Tennessee Early Intervention System
TP&A	Tennessee Protection and Advocacy, Inc.
TSCF	Tennessee State Curriculum Frameworks

Appendix C

Assessment Guidelines For English Language Learners

The number of students who do not speak English as their primary language continues to increase significantly within Tennessee's schools. The law requires that students may NOT be made eligible for special education if the basis for that eligibility is lack of quality instruction in reading or math, or if the determining factor is Limited English Proficiency. When school personnel and/or parents suspect that a student who is an English Language Learner MAY have a disability, the first factor that must be ruled out is whether the lack of proficiency with English is the cause for the student's difficulty in making progress within the general education curriculum. Once this is ruled out, a referral for an evaluation for special education may be initiated. Testing students who are Limited Language Learners requires that consideration be given to insure that test results are not spurious because of language, cultural or socioeconomic differences.

This section provides guidance for assessment personnel in the evaluation of English Language Learners. Guidelines are also provided for the evaluation of English-speaking learners when there is evidence of extreme dialectal or cultural differences that may affect the test results or the interpretation of assessment results.

Assessment Guidelines For English Language Learners

Evaluation Considerations

Cultural Knowledge of the Student

Prior to developing an assessment plan for a student whose cultural/linguistic background is different from that of the other students within the school, the assessment specialist should seek information about the particular culture from which that student came, giving consideration to the following:

- values
- preferred modes of communication
- nonverbal communication rules
- rules of communication interaction (i.e., Who communicates with whom? When? Under what conditions? For what purposes?)
- child-rearing practices, rituals and traditions
- perceptions of punishment and reward
- What is play? fun? humorous?
- social stratification and homogeneity of the culture
- rules of interaction with nonmembers of the culture (i.e., preferred form of address, preferred teaching and learning styles)

- definitions of disabled and/or communicatively disabled
- taboo topics and activities, insults, and offensive behavior.

The Center for Applied Linguistics in Washington, D.C. (202)-362-0700 or www.cal.org) is a useful resource about other languages and cultures, as is the National Clearing House for Bilingual Education (202)-467-0867 or <http://www.ncbe.gwu.edu>). Local and state cultural organizations may also be able to provide information.

Determining the Language(s) to be Assessed

“Both Title VI and Part B of the Individuals with Disabilities Education Act of 1997 (IDEA’97) require that a public agency ensure that children with limited English proficiency are not evaluated on the basis of criteria that essentially measure English language skills” [34 CFR, Attachment 1, p. 12633] *Tennessee’s Special Education Rules and Regulations* [0520-1-9-.06(2)(a)2]. The “Eligibility Standards” specifically state that disabilities cannot be attributed to characteristics of second language acquisition and/or dialectal differences.

When more than one language is to be used in the evaluation, the evaluator needs to consider whether the two languages will be used separately or simultaneously. Best practice research suggests the use of each language separately in assessment for students who are young and come from primarily monolingual homes, have been enrolled in a quality bilingual program where academic instruction has been consistently delivered in the first language, and who are recent arrivals in the United States. When the languages are used separately, the stronger language should be used first in order to obtain optimum performance. The use of both languages simultaneously is most effective with students whose control of both languages is limited, whose native language combines the two languages, and who are young and having difficulty separating the languages.

Bilingual Assessment Personnel

When no one on staff in the school district is able to administer a test or other evaluation in the student’s native language, 34 CFR Attachment 1 offers the following suggestions:

- Identify an individual in the surrounding area who is able to administer a test or other evaluation in the child’s native language; and/or
- Contact neighboring school districts, local universities and professional organizations who may employ a person with appropriate language skills who is trained and certified to administer the evaluations.

Additional options that may be considered include using a trained interpreter or translator. Possible resources when trained interpreters are not available include the following: school district teachers of foreign languages, general education teachers who are proficient users of the language the child uses, English Language Learner (ELL), teachers and paraprofessionals/aides who are

proficient in the language in question. Staff should also remember that pupil services personnel may have contacts outside the district which would prove helpful in locating a person who is fluent in the desired language. Various cultural or religious groups or teachers at commercial language schools may also be able to help.

Training Interpreters and Translators

The assessment specialist and the IEP team should be especially cautious in interpreting data obtained from translated test materials. Some of the specific difficulties encountered in translating tests include the following:

- The test norms may not apply to the individual student. Tests may come with English-based norms only, may be normed on monolingual speakers of the target language and/or may be normed outside the United States.
- The comparability of psychometric properties (reliability, validity and difficulty levels of items) for an English test and its translated version cannot be assumed.
- Equivalent words and concepts may not be found across languages and/or cultural groups.
- No single translation can be sensitive to all dialects of a particular language.
- Spontaneous translations often contain errors.

When the assessment specialist and the IEP team consider the use of a trained interpreter to assist in the assessment process, they must evaluate the advantages and disadvantages of this approach. Possible advantages include:

- allows testing in the student's first language
- enables informal interaction and communication to occur
- makes the student more comfortable
- provides for flexibility
- is legal under federal and state laws

Possible disadvantages of using a trained interpreter in assessment include:

- increased time needed for training and testing using an interpreter
- possibility of bias, inaccuracy, invalid test data
- false confidence among assessment participants
- threats to confidentiality and possible lack of neutrality in the evaluation process

The assessment specialist and the IEP team members must be certain to use the following guidelines:

- Insure that the interpreter knows the culture, not just the language.
- Carefully select only the interpreters who are proficient.
- Recognize that extensive training of interpreters may be necessary if no qualified individuals can be found.
- Remember that test norms CANNOT be used.
- Be certain that the interpreter speaks the correct dialect of the language.

- Insure that the evaluation team is trained to understand how to work professionally and proficiently with interpreters.

Considerations for Speech and/or Language Pattern Differences

Due to inherent difficulties associated with using interpreters, the assessment specialist should be especially aware of common errors that may occur in interpreting or translating results which may include omissions, additions, substitutions and transformations. Interpreters and translators may omit single words, phrases or sentences when:

- they do not know the meaning of the words, phrases or sentences
- the words cannot be translated
- the interpreter cannot keep up with the pace of the speaker
- the words appear to be of no importance (e.g., very, rather)

Interpreters and translators may add extra words, phrases or entire sentences when the following conditions are met:

- they wish to be more elaborate
- they editorialize
- they need to explain a difficult concept for which there is no equivalent in the other language.

Interpreters and translators may substitute words, phrases or sentences other than the specified ones when:

- they make an error
- they misunderstood the speaker
- they cannot keep up with the pace of the speaker and must make up material based on the words they remember hearing
- they are confused about the words (e.g., homonyms)
- they fail to retrieve a specific word or phrase
- they use an incorrect reference

The following points should also be remembered:

1. Interpreters and translators may change the word order of the statement. Sometimes this is done because it is linguistically correct to do so (e.g., if the interpreter is a sign language interpreter and is translating into ASL), but the interpreter must take care to insure that changing the word order does not distort or alter the meaning or results.
2. Errors may result from unequal skill in first and second languages when interpreters and translators find it easier to interpret from first language to second than from second language to first.
3. Interpreters and translators may change the meaning of the message through idiosyncrasy in intonation, facial expressions and gestures.
4. Important linguistic competencies include the ability to understand and converse in first and second language with a high degree of proficiency, strong proficiency for reading and writing skills, the ability to say the same thing in different ways, the ability to adjust to different levels of language use,

5. Interpreters need to have familiarity with different types of interpretations or translations, possess the ability to memorize and retain information in memory, have knowledge of technical educational terminology and have familiarity with the culture of the language that is being interpreted or translated.

Other competencies considered critical for the interpreter or translator in school assessment settings include understanding of the following factors:

- child development
- cross-cultural variables
- education procedures (i.e., general education intervention, testing, and services)
- the nature of testing procedures and the ability to work well with people

The ethical and professional considerations for selecting and training interpreters and translators include:

- maintaining professional conduct
- maintaining confidentiality
- remaining neutral
- being straightforward
- not accepting an assignment beyond one's capabilities
- being able to ask for help or clarification when necessary

Finally, the interpreter or translator who functions in the school assessment setting must respect the authority of the evaluation team and have the ability to work as a team member with the education staff. It is imperative that the interpreter/translator understands the need for confidentiality.

Modifications Of Assessment Procedures

Test modifications allow the evaluator to observe how the child performs under various conditions. Changing the standards of test administration may be necessary for children from culturally and linguistically diverse backgrounds. Modifications in test administration may also be helpful with native English speakers and for children with severe disabilities. Common test modifications include: restating or repeating directions, allowing additional response time, allowing native language responses or code switching, providing extra practice items before the test, and substituting culturally relevant stimulus items. When tests are modified, modifications must be reported and test norms may NOT be applied. The importance of the following factors cannot be overstated: having a clinician who has linguistic and cultural competence and who recognizes the potential value of additional informal assessment information; and choosing instruments which are reliable, valid, and which have culturally appropriate test stimuli and procedures.

Interpretation Of Assessment Results

To determine whether a student with limited proficiency in English has a disability, differentiating a language-based or communication-based disability from a cultural or language difference is crucial. In order to conclude that a student with limited English proficiency has a disability, the assessor must rule out the effects of different factors that may simulate language and/or academic disabilities.

No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, a regression in primary or home language abilities is likely to have occurred. Students may exhibit a decrease in primary language proficiency in the following ways:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language
- simplification of complex grammatical constructions
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English

These language differences may result in a referral to Special Education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency impacts the student's communicative development in English. The student's competence in his or her primary or home language may be interfering with the correct use of English. Culturally and linguistically diverse students in the process of acquiring English often use word order common to their primary or home language (e.g., noun-adjective instead of adjective-noun).

This is a natural occurrence in the process of second language acquisition and does not mean that the student has a disability. Furthermore, students may "code-switch" using words and/or patterns modeled in their homes or communities. While often misinterpreted as evidence of poorly developed language competence, the ability to code-switch is common among competent, fluent bilingual speakers and may not necessarily indicate the presence of a disability.

Experience shows that students learn a second language in much the same way as they learned their first language. Starting from a silent or receptive stage, if the student is provided with comprehensible input and opportunities to use the new language, s/he will advance to more complex stages of language use. It takes a student, on average, one to two years to acquire basic interpersonal communicative skills (BICS) – the level of language needed for basic face-to-face

conversation. This level of language use is not cognitively demanding and is highly context-embedded. On the other hand, cognitive academic language proficiency (CALP), the level of language needed for complex, cognitive tasks, usually takes on average five to seven years or more to acquire. This level of language functioning is needed to be successful in an English classroom where language is context-reduced and cognitively more challenging. If a student appears to be “stuck” in an early language development stage, this may indicate a processing problem and indicate that further investigation is warranted. In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving. Questions should be considered such as:

- Has the effectiveness of the English instruction been documented?
- Was instruction delivered using the second-language teacher or was it received in the general education classroom?
- Is the program meeting the student’s language development needs?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

Interpretation Considerations

Interpreting evaluation findings of culturally and linguistically diverse children during assessment is not substantially different from interpreting that of native English speakers. However, it does require consideration of both the structure of the child’s language/dialect and the cultural values that affect communication.

Background Information Considerations

Knowledge of the following background factors may be of help to the evaluator:

- Child - rearing practices that may affect communication development (e.g., amount of parent-child vs. peer-peer talk)
- cultural attitudes to impairment that may produce “learned helplessness” in child by our standards
- genetic conditions that may affect communication development (e.g., prevalence of sickle cell anemia among African-Americans in relation to sensorineural hearing loss)
- influence of difficulty or inconsistency in accessing health care system for identification or intervention of medical conditions that impact communication development (e.g., related to cultural values, parents’ lack of English proficiency, poverty)
- stage of native language development when English was introduced
- disruptions in learning native language or English
- quality of English speech or language models
- stability of family composition, living circumstances related to opportunities to engage in normal communication building experiences, and
- attitudes of family and child to English language culture.

Language Considerations

Knowledge of the following language factors may be of help to the evaluator:

- stage of English acquisition
- interference from native language that may cause English errors (e.g., Spanish “la casa grande” literally means “the house big”)
- fossilization or persistence of errors in English even when English proficiency is generally good
- inconsistent errors that vary as the child experiments with English (inter-language)
- switching back and forth between native language/dialect and English (code switching) words or language forms to fill in gaps in English language knowledge or competence (child may have concept but not the word, or the child exhibits an awareness of the need to “fill a slot” to keep the communication going)
- language loss in native language as English proficiency improves (may account for poor performance in native language)
- legitimacy of vocabulary and language forms of African-American English related to historical linguistic influences
- absence of precise native language vocabulary equivalents for English words
- influence of normal limitations in English vocabulary development on difficulties with multiple meaning words
- influence of normal difficulties in English language expression on ability to demonstrate comprehension (e.g., respond to questions)
- absence in English of native language forms (e.g., Spanish “tu” and “ustedés” vs. English “you”)
- restrictions or absence of certain uses of language due to cultural values (e.g., prediction in Native American cultures)
- influence of culture on nonverbal language (e.g., gesturing, eye contact)
- influence of culture on discourse rules (e.g. acceptability of more interruptions among Hispanics)
- influence of culture on proxemics (e.g., acceptability of greater proximity between listener and speaker among Hispanics), and
- influence of absence of written language forms in native language on English writing (e.g., capitalization, punctuation, paragraph structure in Chinese).

Phonology Considerations

Knowledge of the following phonology factors may be of help to the evaluator:

- dialect variations within language groups (e.g., Mexican, Puerto Rican, Cuban dialects of Spanish)
- absence of sounds of native language in English or in the same position in English and vice-versa (e.g., deletion of final consonants in English related to only five consonants appearing in word final position in Spanish or deletion of final consonant clusters in English as a function of their absence in Japanese)
- effect on sound discrimination of meaningful sound differences in one language not being meaningful in another

- influence of articulation features of native language sounds on production of English sounds
- influence of dialectal variations on physical parameters of sounds (e.g., lengthening or nasalizing of vowel preceding a final consonant in African-American English when that consonant is deleted)
- historical linguistic influences on development of African-American phonology, and
- the child's possible embarrassment about how s/he sounds in English

Fluency Considerations

Knowledge of the following fluency factors may be of help to the evaluator:

- apparent universality of sound repetitions, sound prolongations and associated behaviors such as eye blinks and facial, limb and other body movements in stuttering across cultures
- influence of normal development of English language proficiency on occurrence of dysfluencies (e.g., revisions, hesitations, pauses)
- cultural behaviors that may be misinterpreted as avoidance behaviors (e.g., eye contact)
- cultural variations on fluency enhancers or disrupters
- misinterpretation of mannerisms used to cover up limited English proficiency as secondary characteristics of dysfluency
- the relationship of locus of stuttering to phonemic, semantic, syntactic and pragmatic features of the native language and English
- possible influence of foreign accent on accuracy of measurement of speech rate and judgments of speech naturalness

Some Voice Considerations

Knowledge of the following voice considerations may be of help to the evaluator:

- influence of vocal characteristics of native language on voice resonance in English (e.g., tone languages)
- cultural variations in acceptable voice quality (e.g., pitch, loudness)
- possible role of insecurity about speaking English on volume of voice in English
- possible role of stress from adapting to a new culture on vocal tension affecting voice quality

The assessment specialist and the IEP team members must understand the process of second language learning and the characteristics exhibited by ELL students at each stage of language development if they are to distinguish between language differences and Speech and/or Language Impairments. The combination of data obtained from the case history and interview information regarding the student's primary or home language, the development of English language and ELL instruction, language sampling and informal assessment as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating

extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered. Once these considerations have been addressed, the assessment specialist and the IEP team are in a position to determine whether a specific disability exists using the standards outlined in the *Tennessee Eligibility Standards*.



Department of Education July 31, 2008; Publication Authorization No. 331352; 2,014 copies. This public document was promulgated at a cost of \$2.45 per copy.